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ABSTRACT

This report presents findings and recommendations based on a detailed assessment of the educational needs of young Native American children and their families. The project had three major objectives: (1) to conduct an assessment of the educational needs of Native American children (prenatal to age 8) and their families; (2) to describe and report on the types of programs currently available to these children and their families; and (3) on the basis of the assessment of needs, and in the context of programs available, to draw conclusions and make specific recommendations for programs which will have the maximum potential for meeting the identified developmental and educational needs. Discussed are: economic conditions; health and nutrition; social problems and issues; emotional problems and mental health issues; early development and education; school learning and intellectual development; education for Indian and Eskimo children, bilingual programs; and program recommendations. Appendices include: an evaluation of two parent-child development programs, detailed cost estimates and interview guides and data sheets for classroom and school visits. (SB)

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YOUNG NATIVE AMERICANS AND THEIR FAMILIES: EDUCATIONAL NEEDS ASSESSMENT AND RECOMMENDATIONS

Final Report

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BANK STREET COLLEGE OF EDUCATION

May 1976

* * *

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BIA Contract No. K01C14200614

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LETTER OF TRANSMITTAL

May 1976

Dr. William Demmert
Director of Education
Bureau of Indian Affairs
Department of the Interior
Washington, D.C.

Dear Dr. Demmert:

This report is submitted in fulfillment of Contract No. K01C14200614 between the Bank Street College of Education and the Bureau of Indian Affairs as the result of a Congressional directive to the Bureau (HR-16027, #93-1292, August 14, 1974) "to provide to the House and Senate Committees on Appropriations an analysis of the need for a program in early childhood education, together with recommendations for carrying out such a program in the future."

We have found that, in general, existing educational programs serving Native Americans are inadequate and insufficient. They are inadequate in their responsiveness to the culture and life experiences of the children and families they serve; in staff training and development; in the number of Native Americans in professional positions; in health, psychological and social services; and in programs for handicapped children or for children who show unusual promise. They are insufficient because they do not meet the needs of Native Americans and their families which a comprehensive and continuous program in education should meet; because in many communities there are no programs available for many families who would like them and need them for their young children; and because Native Americans do not exercise control over the education of their own children.

We wish to stress that our recommendations urge just such a commitment to the future as is noted in the Congressional directive. If young Native American children are to have the same chances for their future as do other Americans, a long-term commitment to the education of young children is essential.

In our recommendations we urge that such a commitment and effort take advantage of already existing programs. Renewed efforts on the part of Congress, however, will not be effective unless the fragmentation currently in evidence of Federal, State, Tribal, and private programs is eliminated. Coordination of planning, funding, administration, and implementation for all programs at local, State, regional, and Washington levels is vital. Only then can services to young Native American children and their families be effective.

Respectfully,

Herbert Zimiles, Project Director
Edna Shapiro
Doris Wallace

Acknowledgments

This study concerns the needs of Native American people. Our task was to learn what they wanted for their children and to outline plans for implementing an educational program to meet their expressed needs. In our visits to Native American communities we were unfailingly met with friendship, hospitality, and a profound interest in our effort to identify the needs of children. Our encounters with Native American people were heartwarming and personally enlightening. We owe our greatest thanks to them for the help they extended to us and to this study and for the opportunity to spend time with them and to learn from them.

One does not have to be an expert in American Indian affairs to know that it is an arena filled with injustice, tragedy, and strife. It was, then, with some trepidation that we approached the opportunity to conduct this study. We were especially concerned because its sponsor, the Bureau of Indian Affairs, was known to be the principal agent for enacting the policy of the United States government toward Native American people, a policy which, despite its frequent good intentions, has left the Native American people impoverished and dependent.

However, this study had been commissioned by the Chairwoman of a Congressional Subcommittee concerned with improving the education and welfare of American Indian and Native Alaskan people, and it became evident that the staff members of the Bureau of Indian Affairs with responsibility in education were wholly supportive of its purposes. It has been a pleasure to work with such dedicated people. We are especially grateful for the continuous support and valuable advice of Henry Rosenbluth, Contract Monitor; Lawrence Ware, Contract Officer; Mariana Jessen, Education Specialist; and Ed Marich, Budget Analyst. These officials also put us in touch with countless other Bureau employees in the field who helped us to gain access to the people and information required.

Finally, we would like to thank the members of our Advisory Board who helped to guide the conduct and field work of the study, who carefully reviewed our reports, and who gave generously of their time to support, criticize, and inform our efforts. Their formal endorsement of our findings and recommendations is enclosed with this report.

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*These Board members also acted as consultants during the field work of the project.

RESOLUTION

Whereas an Advisory Board was selected to work with Bank Street College of Education in implementing its Contract No. K01C14200614 with the Bureau of Indian Affairs, and

Whereas the Advisory Board was selected from a nationwide balance of representatives from several important Native American organizations, and

Whereas the Advisory Board has had several meetings with Bank Street College of Education during the planning, progress, and development of its recommendations based on the educational needs assessment of young Native Americans and their families, and

Whereas the Advisory Board has had the opportunity to review the final report by the Bank Street College of Education,

Now therefore be it resolved that the Advisory Board hereby endorses the finished report and recommendations and pledges its continuing interest in the implementation of the recommendations.

This resolution was adopted by a vote of 10 in favor and no opposition at a meeting of the Advisory Board in Albuquerque, New Mexico, on May 5, 1976.

William H. Coleman
Marshall Jm
Ramos Sanchez
Fred Biggins
Phyllis Antone

Robert L. Bennett
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Gloria York
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I. INTRODUCTION

This report presents findings and recommendations based on a detailed assessment of the educational needs of young Native American[1] children and their families. It originates in a Congressional directive to the Bureau of Indian Affairs.[2] As a result of this directive, in April 1975, the Bureau of Indian Affairs contracted with Bank Street College of Education to undertake a needs assessment of young Native American children and their families. This project had three major objectives:

1) To conduct an assessment of the educational needs of Native American children prenatal to age eight and their families. This population was defined specifically by the Bureau as those children and their families "of one-quarter or more of Indian or Eskimo blood quantum and who are recognized for services by the Bureau of Indian Affairs ...where Federal schools provide schooling, grades kindergarten through third grade."

2) To describe and report on the types of programs currently available to these children and their families.[3]

3) On the basis of the assessment of needs and in the context of programs available, to draw conclusions and make specific recommendations for programs which will have the maximum potential for meeting the developmental and educational needs which have been identified.

---

[1] In this report, the term Native American is used to include American Indians and Alaskan Natives (that is, Eskimo, Indian, and Aleut groups in Alaska). It should be noted, however, that in many official documents and statements (which may be quoted in this report), the term Indian is often used to refer to the same groups.

[2] "The managers on the part of the House and Senate direct the Bureau of Indian Affairs to provide to the House and Senate Committees on Appropriations an analysis of the need for a program in early childhood education, together with recommendations for carrying out such a program in the future." Conference Report (to accompany HR-16027), p. 8, Amendment #19; 93rd Congress, Second Session, House of Representatives, #93-1292, Department of Interior, Appropriations Bill for Fiscal Year 1975, August 15, 1974, ordered to be printed, submitted by Mrs. Hanson (State of Washington) from the Committee of Conference.

[3] Two pilot programs--the Parent Child Development Programs on the Acoma and Choctaw reservations--were singled out by the Bureau for intensive evaluation. See Appendices A and B.

The requirements of the task as a whole take into consideration that young Native American children and their families have a multiplicity of needs which the school must respond to if the children are to benefit from their education in school. Education, especially of young children, is thus broadly defined. Intellectual growth is a major but not the only focus. Emotional development and the cultivation of physical and social skills and competence are part of the educational province. It follows that any special needs in these domains, whether intellectual, emotional, social, or physical, become the business of the school. The findings of the needs assessment are presented in the context of data and analysis of issues from the relevant literature. The findings are organized in broad content areas--economic conditions, social problems, health, education.

It is important to emphasize at the outset, although it is repeated and documented in the different sections, that these are all interrelated phenomena. In the ecology of the reservation, one malfunction leads to and exacerbates another. The lack of roads makes it difficult to get to the health clinic--an especially serious problem in emergencies; families have to travel many miles to shop and are dependent on the stock of the nearest trading post; children have to spend long hours getting to and from school, and this is one justification offered for boarding schools. Lack of electricity means no refrigeration and no way to store perishable foods in hot weather. Substandard housing, including lack of water and sewage facilities and overcrowded conditions, makes preventive health care difficult and increases the severity of illness. Malnutrition can lead to irreversible damage and certainly leads to greater susceptibility to disease. Ear infections lead to hearing loss, which, in turn, is associated with poor achievement in school. Lack of recreational facilities, unemployment, lack of opportunity, are preconditions for alcohol and drug abuse, which, in turn, lead to illness, accidents, and the neglect of children.

The Native American peoples are survivors. They have survived through years of a government policy which has shifted from extermination to removal to land allotment to relocation to termination; which has ignored Native culture, tried to extirpate it through forced assimilation, and only lately has given formal support to the strengthening of the language and cultural heritage of Native peoples. In recent years, changes in Federal policy concerning the Native American population--the promise of self-determination, the visible effects of programs like Head Start--along with the decrease in infant mortality and certain infectious diseases like tuberculosis, have brought hope and accompanying strength to many. In spite of the multiplicity of problems, there is no justifiable reason why the American Indian and Alaskan Native population should not have a standard of living that provides what most people in this country consider the bare necessities of life, and why they should not participate in the benefits of being American. There is no justifiable reason why they should not have an education that honors and builds on their cultural heritage and provides the knowledge and skills that will enable them to determine their own future.

President Lyndon B. Johnson, in a special message to the United States Congress in 1968,[1] asked the Secretary of the Interior, in cooperation with the Secretary of Health, Education, and Welfare, to establish a model community school system for Indians, which would include the finest teachers, familiar with Indian history, culture, and language; an enriched curriculum, special guidance and counseling programs and a sound program to teach English as a second language; which would serve the local community as an educational and social center; and which, in Federal schools, would have Indian school boards whose members would receive whatever training was necessary to enable them to carry out their responsibilities. President Johnson also said, "We must set a goal to enroll every four- and five-year-old Indian child in a preschool program by 1971."[1]

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[1] Lyndon B. Johnson. Special message to the Congress on the problems of the American Indian: "The Forgotten American," March 6, 1968. Public Papers of the Presidents, pp. 335-344.

Native American school boards have been established in Bureau schools; but President Johnson's other goals have not been achieved.

Description of the Project

A central tenet of the conduct of the project has been that it be responsive to the needs and wishes of the Indian and Alaskan peoples. Accordingly, the bulk of the field work consisted of interviews with members of Native American communities. An Advisory Board to the project was established, all of whose members are Native Americans; the Board reflects a nationwide balance of representatives of several important Native American organizations, and generally consists of persons who are knowledgeable and concerned about the education, culture, and welfare of Native American peoples.[2]

A number of constraints have dictated the conduct of the study. The scope of the project is extremely broad, in terms of the number and magnitude of the issues to be addressed, as well as the large geographic areas to be covered. The amount of time and money allotted for the study, however, precluded full coverage of all aspects.[3]

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[1] Ibid., p. 338.

[2] The Advisory Board has met four times with members of the project staff (in May and November 1975, and April and May 1976) and has reviewed and endorsed this report.

[3] This is no great disadvantage since the present project is one of many efforts to assess the needs or report the status of Native American peoples; and other assessments are currently under way or being planned. Noteworthy among reports since 1969 are the following: B. Berry, The education of American Indians: a survey of the literature. A report prepared for the Special Subcommittee on Indian Education of the Committee on Labor and Public Welfare of the United States Senate, Washington, D.C.: U.S. Government Printing Office, 1969; Indian education: a national tragedy--a national challenge. Report of the Special Subcommittee on Indian Education of the Committee on Labor and Public Welfare of the United States Senate, Washington, D.C.: U.S. Government Printing Office, 1969; A. M. Josephy, Jr., The American Indian and the Bureau of Indian Affairs--1969: a study, with

The needs assessment was conducted in six Bureau-designated administrative areas, which were specified by the Bureau of Indian Affairs, as follows: Aberdeen, Albuquerque, Juneau, Navajo, Phoenix, and Eastern. In each of these areas, certain communities were selected as sites for the collection of field data, some of which were later selected for more intensive observation of preschools and elementary schools. The sites selected for school observation were communities with kindergartens in BIA schools and, in some instances, contained programs for handicapped children, bilingual programs, and boarding as well as day schools.

While each community has particular characteristics that distinguish it from even nearby communities of the same tribal group, there are nevertheless common historical and cultural elements, common social concerns and attitudes, and common life conditions. We believe, therefore, that the data collected in this project can form the basis for recommendations that are applicable to communities beyond those visited and can be generalized to all Native Americans for whom the Federal government has trust responsibilities.[1]

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recommendations. Hearings of the Special Subcommittee on Indian Education of the Committee on Labor and Public Welfare of the United States Senate, vol. 6, Appendix. Washington, D.C.: U.S. Government Printing Office, 1969; E. Fuchs and R. J. Havighurst, To live on this earth. New York: Anchor Press, 1973; Robert Nathan Associates, Federal programs and Alaska Natives: 2(c) report, 4 vols. U.S. Department of the Interior, 1973; S. L. Tyler, A history of Indian policy. U.S. Department of the Interior, Washington, D.C.: U.S. Government Printing Office, 1973; Alaskan Native needs assessment in education, 2 vols. Project ANNA, Juneau Area Office, Bureau of Indian Affairs, 1974; The Navajo Nation: an American colony. A report of the United States Commission on Civil Rights, September 1975; C. L. Attneave and M. Beiser, Service networks and patterns of utilization, mental health programs, Indian Health Service. Final Report, Contract IHS HSM 110-73-342, 1976.

[1] It is important to note that we have gathered no information about Native Americans in urban situations. While it seems likely that urban Indians and Alaskan Natives are also in need of programs for young children and their families, we were not asked to and have not made specific recommendations for Native Americans in urban areas.

Data Gathering Method

In defining the scope of the project, we did not take the traditional route of selecting a handful of variables in advance and subjecting them to controlled study. Nor have we limited ourselves to the collection of quantitative data with the belief that the problems confronted can be solved by precise measurement. Instead, the major effort has been to assess the quality of life for children in each Indian and Eskimo community we have visited. We strove to learn how Native Americans and others working in the Native American community view the environment in which they live, to delineate the interacting forces which shape the course of children's development in each community, and to identify problems, issues, and gains relating to early childhood education.

Each reservation and Alaskan village was visited by a field team of between two and four staff members composed of at least one member of the Bank Street College staff and one or more Native Americans. After preliminary contact and interviews with BIA area officials and agency personnel, and after obtaining approval from Tribal Chairmen, Governors or other tribal representatives, the team worked in an area for several days. When the field team arrived in a community, team members were often asked to make a presentation of the project. The audience for this presentation usually consisted of people whose interests or professions were serving children directly or indirectly--education and health and social service professionals, tribal officials, community leaders, members of school boards, interested parents, etc. The nature and purpose of the project were explained and the group was told how long the team would be staying. It was emphasized that the team was there to learn and listen and not to impose its own ideas. Questions were invited. Team members were sensitive to the widespread skepticism with which needs assessments were regarded by Indian and Eskimo people since there had been so many assessments and so few resulting benefits. (In their own words, they had been "assessed to death.") At the end of this first general meeting, team members arranged to meet individually with interviewees. The first round of interviews led to others.

The overall method of operation, then, was to use a team approach to tap, in a matter of days, a variety of information sources. This provided a holistic picture of the conditions of life in a given community and a vivid account of perceived needs relating to the physical, emotional, social and intellectual development of children at home and school. Problems and accomplishments were identified. Areas where information was sought included: direct and preventive health care, social problems, parent education, parents' attitudes towards services for their children's health and education, economic conditions, how reservation topography and physical conditions affected life from day to day, and the coordination among the various agencies and institutions serving young children and their families. In addition to lay persons, interviewees included professionals and paraprofessionals working for the Bureau and other Federal agencies (for example, Public Health and Indian Health Services), and state, church, and tribal organizations.

The major instrument for obtaining these data was an open-ended interview.[1] While certain content categories were covered whenever possible (e.g., for parents, attitudes to school), how the relevant questions were worded and when they were asked was left to the discretion of the interviewer. This format made it possible to adapt questions to different communities and individuals while preserving common themes. Questions were geared to the responses, rather than to a preordained format and sequence. Group interviews, held occasionally, were generally avoided because they often elicited poorer data, tending to favor opinions from those who were willing to respond while leaving out those who might not wish to voice opposing opinions in a group, or who were shy in the group situation.

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[1] The interview guides and forms for recording observations in classrooms and interviews with administrative personnel in schools are presented in Appendix D.

In general, people were very willing to respond to the questions. While we believe that, in part, this was due to the format used (that is, avoiding the precoded closed-question technique), in large measure our ability to reach so many Indian and Eskimo people was because of our collaboration with a Native American group brought together by staff at Haskell Indian Junior College. Their participation in the project--planning and preparing for the data gathering and as members of the field teams--enabled us to gain access to many Native Americans, at both official and grass roots levels.

The first round of data were gathered during the summer of 1975 when schools were closed, and only a few preschools were in session and some school staff were available. The visits to elementary schools and most of the interviews with school personnel were conducted in the fall. Table I-1 lists the areas, the reservations, pueblos, and villages where data have been collected. The number of persons interviewed is also presented. Table I-2 lists the schools and preschools visited, where observations were made in classrooms and school personnel were interviewed.

The data of this project consist of verbal statements of attitudes, opinions and preferences, as well as factual information. We have examined the data for consistencies and contradictions. Common themes within and across communities have been identified. In tabulating the data, the source of the information has been noted. The content areas that have been taken into account are: attitudes concerning education, health, and social problems; and expressed needs and problems concerning physical conditions of life, health care, social conditions and problems, and education.

Table I-1

Communities in Which Field Data Have Been Collected

BIA Area	Dates (1975)	Reservation/Village	Number of Persons Interviewed		
			Native American	Other	Total
Aberdeen	July and	Standing Rock	30	31	61
	October	Cheyenne River	8	5	13
		Fort Totten	13	8	21
		Turtle Mountain	18	13	31
		Total	69	57	126
Alaska	July and	Bethel and villages	70	20	90
	October	Kotzebue	6	19	25
		Total	76	39	115
Albuquerque	May	Acoma	20	3	23
	July	Isleta	16	6	22
	October	Santo Domingo	12	0	12
	November	Jicarilla	17	2	19
		Mescalero	14	7	21
		Zuni	10	6	16
		Total	89	24	113
Eastern	July	Cherokee	13	5	18
	October	Choctaw	36	25	61
	November	Miccosukee	3	2	5
	December	Seminole	11	1	12
		Total	63	33	96
Navajo	August and	Chinle	32	13	45
	September	Crown Point	4	10	14
		Fort Defiance/Window Rock	33	8	41
		Shiprock	23	24	47
		Tuba City	29	12	41
		Total	121	67	188
Phoenix	July	Gila River	16	10	26
	August	Hopi	11	9	20
	October	Papago	70	23	93
		Salt River	25	4	29
		White Mountain	9	8	17
		Total	131	54	185
Area and Regional Personnel			13	53	66
		Grand Total	562	327	889

Table I-2

Schools and Preschools Visited

Area	Reservation/ Community/Village	BIA Day & Boarding Schools	Public Schools	Preschools	
Aberdeen	Cheyenne River	Cherry Creek day			
		Eagle Butte day & boarding		Head Start*	
	Standing Rock	Bullhead day*		Head Start	
			Cannonball elem.*	Head Start	
			Solen elem.		
		Fort Yates Co-op elem.*		Head Start*	
		Fort Yates boarding*			
		Little Eagle day*		Head Start*	
			Wakpala elem.*	Head Start	
	Turtle Mountain	Duseith day			
		Belcourt day			
Albuquerque	Acoma	Acoma day*		Acomita Day Care Center* McCartys Day Care Center* Family Day Care Program*	PCDP
				Head Start*	
	Isleta	Isleta day*		Head Start*	
	Jicarilla			Head Start	
				Day Care*	
	Santo Domingo		Bernalillo elem.		
	Zuni		Towa Yallane elem.	Day Care	
				Head Start	
Eastern	Cherokee	Cherokee day			
				Big Cove Head Start*	
				Bird Town Head Start*	
				Soco Head Start*	
				Young Deer Head Start	

Area	Reservation/ Community/Village	BIA Day & Boarding Schools	Public Schools	Preschools
Eastern (cont.)	Choctaw		Choctaw Central elem.	
		Bogue Chitto day*		PCDP/Head Start*
		Pearl River day*		PCDP/Head Start*
		Conehatta day*		PCDP/Head Start*
		Red Water day*		PCDP/Head Start*
		Standing Pine day*		PCDP*
		Tucker day*		PCDP*
Juneau	Akiachak	Akiachak day*		Community Child Development Program*
	Bethel		Bethel elem.	
	Emmonak	Emmonak day		
	Kotzebue	Kotzebue day*		Parent-Child Center*
Navajo	Chinle	Chinle day & boarding*		Day Care* Head Start*
		Chinle Valley School for Exceptional Children*		
		Cottonwood day elem.*		
		Rough Rock day & boarding (contract)*		
			Many Farms elem.*	
	Crown Point		Crown Point elem.	Head Start
		Borrego Pass day (contract)		
		Dzilth-na-o-dithhle boarding		
	Shiprock			Day Care Head Start
			Ruth N. Bond elem.*	
			Kirkland elem.*	
		Beclabito day*		
		Nenahnezad boarding		
		Sanostee boarding*		
		Teecnospos day & boarding*		

Area	Reservation Community/Village	BIA Day & Boarding Schools	Public Schools	Preschools
Navajo (cont.)	Tuba City			Head Start
	Window Rock	St. Michael's School for Exceptional Children*		
Phoenix	Gila River			Day Care Head Start
		Casa Blanca		
	Hopi	Hopi day		
	Papago	Santa Rosa Boarding*		Santa Rosa Head Start*
			Indian Oasis elementary* Topowa elem.*	Sells Head Start*
		Santa Rosa Ranch day*		
		Kerwo day*		
		Vaya Chin day*		Vaya Chin Head Start*
		Ventana day*		
	Salt River	Salt River day		
	White Mountain			Chaghache Day Care Center

*Schools in which classroom observations were made.

It should be emphasized that the purpose in this project was not to test specific hypotheses, but to assess a complex set of conditions in order to make recommendations for programming. Towards this end, our discussion of the topics noted above is an amalgam of observations, interview data, and the pertinent literature.

II. ECONOMIC CONDITIONS[1]

The economic situation of Native Americans can be described in a word: poverty. Poverty has two meanings in economic literature: (1) Poverty exists when a society is unable to produce or distribute sufficient quantities of goods and services to a group so that it can maintain itself in a functional sense. This can be designated as absolute poverty or deprivation. (2) Poverty exists when society has the resources to maintain a social group in a viable way, but chooses not to do so by creating social institutions that prevent access to resources and prevent the employment of productive energies. In this second, more complex case of poverty, the scarcity of resources is less important than the fact that a group is denied, through a constellation of social mechanisms external to its control, the use of its actual or potential capacity. The deprived group's cultural identity is degraded; and the group is made to feel impotent in its desires and efforts to survive in a way comparable to the population in the larger society.

These two kinds of poverty are not mutually exclusive. There are gray areas where physical deprivation can make the dominant society appear even more oppressive than it might in fact be. Objective barriers are perceived differently by the weak and the strong; economic powerlessness is both subjective and objective. The interrelationship between the two kinds of poverty was noted by William Byler, Executive Director of the Association on American Indian Affairs:

> Low income, joblessness, poor health, substandard housing, and low educational attainment--these are the reasons most often cited for the disintegration of Indian family life. It is not that clear-cut ....Cultural disorientation, a person's sense of powerlessness, his loss of self-esteem--these may be the most potent forces at work.[2]

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[1] In the writing of this chapter, we are greatly indebted to Dr. Raymond Franklin, our consultant in Economics.

[2] Indian Child Welfare Program, Hearings before the Subcommittee of the Committee on Interior and Insular Affairs; United States Senate, Ninety-third Congress, Second Session, April 8 and 9, 1974, p. 25.

As is well known, poverty breeds poor health and malnutrition, which in turn affect the acquisition of education and skills necessary to cope or compete effectively with the more advantaged groups in the surrounding society. Consider these facts:

1) Life expectancy for reservation Indians is 46 years (compared to 71 years for the U.S. as a whole).[1]

2) Suicide rate in 1972, adjusted for age, was 20.6 per 100,000 for Indian and Alaskan Natives compared to the age adjusted rate of 12.1 per 100,000 population for all the U.S.[2]

3) In 1974 a Housing Inventory by the Bureau of Indian Affairs revealed that 53,000 housing units in which Indians lived were substandard. Given the fact that the total number of housing units in the survey consisted of 96,000 units, this means that 55.4 percent of the Indian dwellings were substandard.[3] (The U.S. Census does not provide comparable figures for the country as a whole.)

4) Turning to the educational sphere, it has been reported by two in-depth studies in the late 1960s that the combined high school dropout rate for Native Americans in Federal, public, and private schools is at the rate of 42 percent. Since those studies were made, there is some indication that the high school dropout rate has declined to 35 percent.[4]

These facts are interrelated and are, in turn, associated with poverty and educational failure. According to Birch and Gussow, the flow chart in Figure II-1 suggests that

> the links which bind the poor into this repeating cycle of failure can be broken at any one of a number of points.

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[1] There is great disparity in reports of this statistic. A life expectancy of 46 years for reservation Indians "rising a year each year" is reported by Wax and Buchanan (see M. Wax & R. W. Buchanan (Eds.), Solving "the Indian problem": the white man's burdensome business. New York: The New York Times Company, 1975, p. 166. According to the Bureau of Indian Affairs, however, Indian and Alaskan Natives born in 1975 are expected to live 65.1 years as compared with 70.9 years for the U.S. (see Facts About American Indians and Alaskan Natives, U.S. Department of the Interior, Bureau of Indian Affairs, March 1975, p. 2).

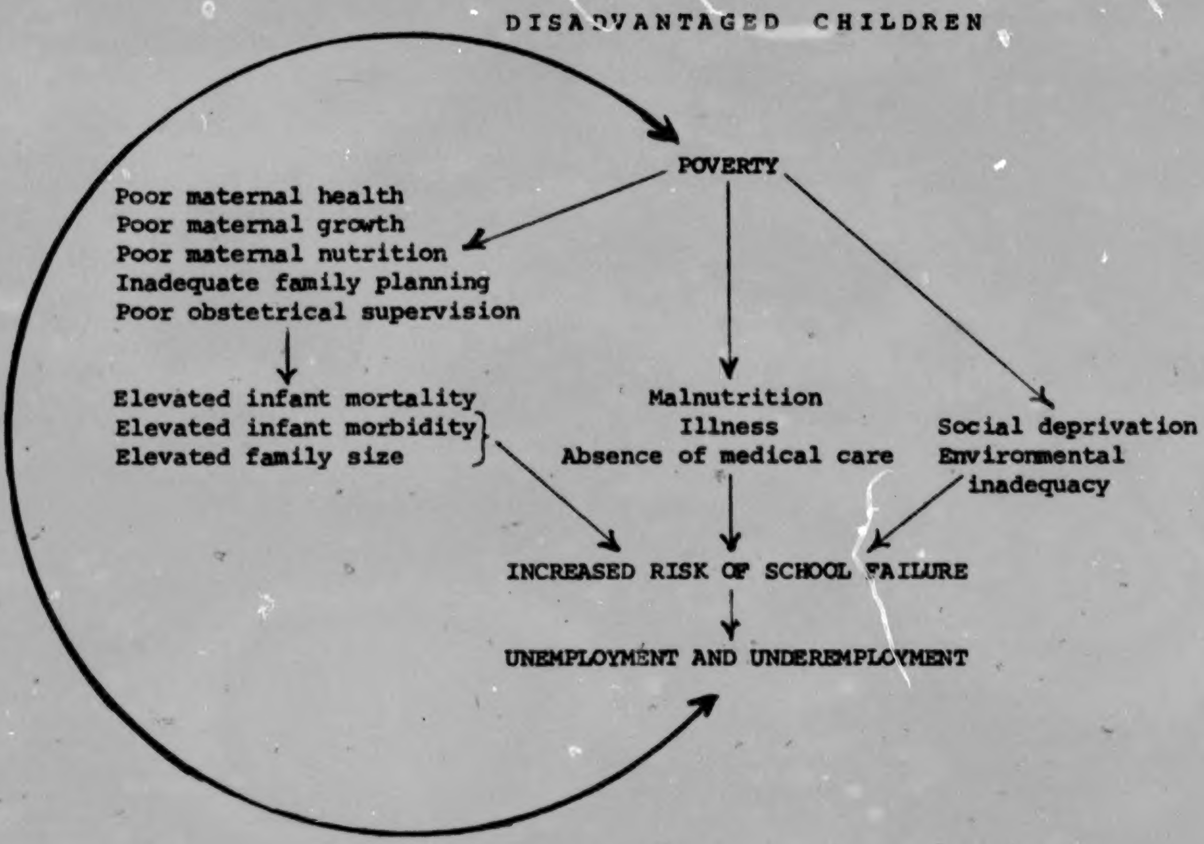
[2] Facts about American Indians and Alaskan Natives, op. cit.

[3] Ibid.

[4] Ibid.

Figure II-1*

Environmental Relationships Between Poverty and Educational Failure


DISADVANTAGED CHILDREN
POVERTY
Poor maternal health
Poor maternal growth
Poor maternal nutrition
Inadequate family planning
Poor obstetrical supervision
Elevated infant mortality
Elevated infant morbidity
Elevated family size
Malnutrition
Illness
Absence of medical care
Social deprivation
Environmental inadequacy
INCREASED RISK OF SCHOOL FAILURE
UNEMPLOYMENT AND UNDEREMPLOYMENT

*Source: Figure 11.1 in H. G. Birch and J. D. Gussow, op. cit., p. 268.

> Vocational training, for example, may interrupt the sequence that leads from school failure to unemployment, and adequate family allowances could break the link between unemployment and poverty. But while poverty persists, the failure of poor children in school is linked to it by a variety of environmental factors. Thus intervention at a single point must inevitably have a limited effect. Compensatory education may help [somewhat]...but it cannot make up for a childhood spent with an empty belly.[1]

Birch and Gussow cite a mass of evidence systematically relating health conditions and educational achievement to variations in socioeconomic status. The import of such studies must be retained in thinking about strategies devised to improve the conditions of life of the vast majority of Native American populations. Strategies that ignore the critical links between incomes, jobs, nutrition, and educational achievement will necessarily fail or prove grossly inadequate.

There are two additional dimensions to Native American poverty that differentiate it from that experienced by other poverty-ridden groups: (1) The status of the Native American population is intimately connected to the agencies of the Federal government, and is determined by discretionary political and legal considerations that do not apply to other poor groups in our society. (2) Native Americans as a community are often far more isolated than are other oppressed minority groups. Approximately 55 percent live in rural communities that are relatively isolated geographically.[2] Indians literally live in a hinterland that is often far removed from the urban and heterogeneous influences that affect other minority groups and the larger U.S. population.[3] Rural Indians have few "normal" social relations with non-Indian peoples. The most evident implications of such isolation was noted in a bulletin published by the Department of the Interior:

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[1] H. G. Birch & J. D. Gussow, Disadvantaged children: health, nutrition and school failure. New York: Harcourt, Brace and World, 1970, p. 267.

[2] A Study of Selected Socio-Economic Characteristics of Ethnic Minorities Based on the 1970 Census, Vol. III: American Indians, HEW Publication No. (OS) 75-122, p. 13. This study will hereafter be referred to as HEW Report.

[3] It should be noted that the distribution of Indians by residence between urban and rural areas has been changing rapidly over the decades. "While only 10 percent of the Indians lived in urban areas in 1930...45 percent did by 1970.... The shift is particularly apparent with the 20-40 year olds in urban areas whose members have increased 2.4 times in the last decade, while the rest of the urban Indian population has increased 2.0 times" (HEW Report, p. 13).

> Indian reservations are in generally isolated rural areas, thereby causing transportation to be an essential factor in the accomplishment of social and economic development objectives. Serviceable roads are essential for commerce, transporting of school children, obtaining health care and other essential services requiring the movement of people and products.[1]

In essence, Native Americans are not visible to other Americans, and a cross-section of other Americans are not visible to them. Their economic condition is thus a special case. Furthermore, their special relationship with the Federal government and their isolation have direct implications for the economic strategies that must be employed if the economic status of the Native American is to be altered.

Income

The simplest and most general overall measure of a group's economic position is income. Put in a one-dimensional form, individual or family income differences represent differences in command over goods and services and, therefore, differences in access to resources that define physical standards of well-being. Sustained differences in income suggest more general phenomena which are not often thought about when income data alone are arrayed in a column. In the broadest possible terms, sustained income differences indicate differences in life chances defined by the standards that prevail in a particular society. Life chances include a bundle of "goods," for example, health care, education, longevity, information about employment opportunities, the acquisition or purchase of knowledge not available through general education, and a range of social contacts.

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[1] Facts About American Indians and Alaskan Natives, op. cit., p. 4.

Income differences mean variations in ability to withstand unpredictable disturbances which emanate from the economic and social environment. If there is a threshold for the inability to deal with disturbances, a threshold for despair, it is reached sooner at lower levels of income. When we examine differences in per capita income levels between groups, Indians are at the lowest level. This is shown in Table II-1.

Table II-1*

Per Capita Income for Specified National
or Racial Groups, 1969

National/ Racial Group	Population 1970 (Thousands)	Per Capita Income 1969
White Anglo	168,823	$3,383
Chinese	432	3,122
Filipino	337	2,790
Chicano (part)	4,667	1,850
Black	22,550	1,818
Puerto Rican	1,391	1,805
American Indian	764	1,573

*Sources: U.S. Bureau of the Census. Census of Population: 1970, PC(1)-C1, U.S. Summary; also Subject Reports, Final Report: PC(2)-1B, PC(2)-1C, PC(2)-1E, PC(2)-1F, PC(2)-1G.

The American Indians thus rank lowest in per capita income. Indian per capita income is 46 percent of white American income. The absolute income gap between the two groups ($3,383 minus $1,573) is $1,810. Since per capita income is a crude measure of differences in well-being, it can be used to give a rough indication of the magnitude of transfer payments that might be necessary to achieve some degree of parity between groups in the short run. The parity adjustment involves only current income, and therefore leaves untouched the deeper and longer-run problem of wealth inequalities. For example, if the Indian population were to acquire an average income that was 75 percent of white income, it would need an increase in per capita income of $964 per year, assuming the gap prevailing in Table II-1 remained more or less constant. The aggregate costs of increasing transfers of that magnitude would be approximately $797,332,108 annually. For the Indian population to achieve parity with the black population, a group whose experience with poverty and degradation is comparable to that of the Indian, it would involve increasing annual transfer payments (based on 1970 census figures) in the neighborhood of $202,641,460.

According to the U.S. Census for 1970, there were 792,730 Indians and 34,374 Aleuts and Eskimos in the U.S. Of this total of 827,108, the Bureau of Indian Affairs estimates that 478,000 Indians (approximately 58 percent) live on or near reservations.[1] Reservation Indians do significantly worse than non-reservation Indians with regard to income levels. The per capita income range for reservation Indians was from $1,513 for Indians at Flathead, Montana to $472 for the Joint Use Area embracing Navajo and Hopi.[2]

A comparison of median income for U.S. as a whole with the American Indian population by place of residence, sex, and family is shown in Table II-2. Rural Indians are relatively worse off compared to U.S. total. Rural Indian males have a median income that is 42 percent of U.S. total; for rural Indian females the relative difference is 56 percent of the total. And rural Indian family income is 48 percent of the U.S. family income. Although not indicated in Table II-2, it was reported that "the income of rural Indians...is equal to only one-third of the income of their rural counterparts in the total population."[3]

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[1] Ibid., p. 1.

[2] U.S. Bureau of the Census. Census of Population: 1970. Subject Reports. Final Report PC(2)-1F. American Indians. U.S. Government Printing Office, Washington, D.C., 1973.
For a cautionary note on 1970 Census figures, see p. 154.

[3] HEW Report, p. 58.

Table II-2*

Income Characteristics of U.S. Total and American Indian Populations, 1970

Median Income	U.S. Total	Indian Total	Indian Total as % of U.S. Total	Indian		Rural Indian as % of U.S. Total
				Urban	Rural	
Male[1]	$6,614	$3,509	53	$4,568	$2,749	42
Female[1]	2,404	1,697	70	2,023	1,356	56
Families[2]	9,590	5,832	61	7,323	4,649	48

*Source: A study of selected socio-economic characteristics of ethnic minorities based on the 1970 Census, Vol. III: American Indians, Table G-1, p. 59. Department of Health, Education, and Welfare, No. (OS) 75-122, July 1974.

[1] Persons 14 years and older.

[2] Figures for this item on the average represent income from several wage earners per family.

Indians Below the Poverty Level. Table II-3 shows the proportions of the Indian population that experience degrees of absolute deprivation. It indicates the poverty characteristics and sources of income of the U.S. total and the American Indian population for 1970.

The definition of impoverishment is estimated by the Bureau of the Census as the minimum budget required for viability after it is adjusted for family size and place of residence. Thus, a family consisting of five persons would have a different cut-off point than one consisting of two persons. Some of the highlights of Table II-3 show:

1) 200,000, or about 48 percent, of all rural Indians are in poverty;

2) 93,000, or 47 percent of rural Indians, are under 18 years of age;

3) 40,662, or 35 percent of rural children in poverty, are under nine years of age;[1]

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[1] This is a conservative estimate derived from the mean size of the total U.S. Indian population. Since rural families tend to be larger than urban ones, the number of rural children in poverty under the age of nine is probably larger.

Table II-3*

Poverty Characteristics and Sources of Income of the U.S. Total and American Indian Populations, 1970

	U.S. Total	American Indian U.S.	Urban American Indian	Rural American Indian				
				Total	Arizona	New Mexico	Okla-homa	South Dakota
Type of Income								
% of Families Receiving Social Security	20	17	15	19	16	16	24	17
% of Families Receiving Public Assistance	5	19	15	23	28	18	22	39
Incidence of Poverty[1]								
% of All Families	11	33	21	45	57	52	43	55
% Female-Headed	33	31	43	25	25	26	21	35
% Female-Headed Families in Poverty	32	56	47	64	72	64	60	64
% of All Persons	14	38	26	48	60	54	12	56
% Who are 65 and Over	19	7	8	7	6	6	12	6
% of 65 and Over in Poverty	26	47	34	56	73	67	55	61
% Unrelated Individuals in Poverty	37	54	47	68	76	72	70	71

*Source: U.S. Bureau of the Census, 1970 Census of the Census, 1970 Census of Population. General Social and Economic Characteristics, United States Summary, PC(1)-C1; Detailed Characteristics, United States Summary, PC(1)-D1; Subject Reports: American Indians, PC(2)-1F.

[1] Per definition used by U.S. Census.

4) 115,360, or 58 percent, of rural Indians have dependent status, such as, dependent children, elderly, female heads of households; thus their means of support does not come from earned income.

Dependent Status. With respect to the relationship between dependent status and poverty, especially as it pertains to welfare recipients, Table II-3 shows that of the 33 percent of the Indian families in poverty, 19 percent are welfare recipients, a ratio of poverty to welfare of 1.7 to 1. For rural Indians, welfare assists an even smaller proportion of the total number of families in poverty. That is to say, of the 45 percent of the rural families in poverty, only 23 percent are welfare recipients, a ratio of poverty to welfare that is 2 to 1.

In FY 1974 the BIA General Assistance program served 39,181 cases comprising 119,887 persons, approximately 14 percent of the entire Indian and Alaskan population.[1] Although this number includes many who are categorized as unemployable, by virtue of age, illness or physical incapacity, it also includes many who are looking for, but are unable to find employment.

Thus, on the one hand a substantial amount of money is being spent on welfare, but in order to reach all those who need assistance, the outlay would have to be doubled.

Occupation, Employment, and Education

The immediate determinants of income are occupation and employment status. A more indirect determinant, but one that is nevertheless vital to occupation and employment, is education. The low per capita level of income partly reflects the fact that Indians are over-represented in lower paying and less skilled rungs of the occupational ladder. Furthermore, lower paying jobs generally have a higher incidence of unemployment. Long periods of periodic unemployment feeds into lower labor force participation rates. All these factors--even in the absence of educational obstacles--erode the motive power required to raise one's educational status. To the "natural" obstacles that the low economic status poses in the acquisition of education, one must add the intimidation, discrimination, language, and cultural barriers that Indians experience. In essence, seeking economic viability through the educational process involves overcoming many problems.

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[1] BIA statistics.

Occupation. Table II-4 shows the occupational distribution of the U.S. total population and the Indian population. The occupational groups have been ranked from 1 to 9 on the basis of median incomes of each group that prevailed for the U.S. population as a whole. The broken line separates the occupations above and below the national median. For males, four occupations were above, and seven below the median; for females, three occupations were above and eight below the median.

As can be seen from Table II-4, Indians are over-represented in the lower-ranked occupations and under-represented in the higher-ranked occupations compared to the total U.S. population. Rural Indians do worse than urban ones, and rural Indian females are more over-represented in the lower-ranked occupations than any other group in American society.

It should be emphasized that the degree of over-representation in the lower-ranked occupations as shown in Table II-4 grossly understates the case. Major occupational groups are a composite of many suboccupations. In the category of Professional and Technical Workers, for example, the range is from extremely high salaried neurosurgeons to lower-paid social workers and teachers. This is true for other categories as well. The lowest paying suboccupations in some high-ranked groups actually pay less than some suboccupations in lower-ranked groups. Since Indians tend to have the lower paying suboccupations in each general category,

Table II-4*

Major Occupations of Males and Females of U.S. and American Indians, 1970

	Percent Distribution			
		American Indians		
Rank	U.S. Total	Total Indian	Urban Indian	Rural Indian
Occupations: Males				
1. Professional and Technical Workers	14.3	9.0	11.0	7.0
2. Managers and Administrators	11.2	5.0	5.8	4.2
3. Sales Workers	6.9	2.4	3.2	1.5
4. Craftsmen, Foremen and Kindred Workers	21.0	22.0	23.0	21.0
Total: 1-4	53.4	33.4	43.0	33.6
5. Clerical Workers	7.6	5.7	7.3	3.9
6. Operatives	20.0	24.0	26.0	22.0
7. Service Workers	8.0	10.0	11.0	10.0
8. Laborers, except Farm	6.6	13.0	11.0	16.0
9. Farm Managers and Laborers	4.5	8.0	2.0	14.7
Total: 5-9	46.7	60.1	51.3	66.6
Occupations: Females				
1. Professional and Technical Workers	16.0	11.0	12.0	10.0
2. Managers and Administrators	3.6	2.4	2.5	2.2
3. Clerical Workers	35.0	25.0	29.0	20.0
Total: 1-3	54.6	38.4	43.5	32.2
4. Craftsmen, Foremen and Kindred Workers	1.8	2.1	2.2	2.0
5. Operatives	14.0	19.0	17.0	22.0
6. Laborers, except Farm	1.0	1.3	1.1	1.7
7. Sales Workers	7.4	4.0	4.8	2.8
8. Service Workers	20.0	33.0	32.0	35.0
9. Farm Managers and Laborers	.8	2.3	.7	4.6
Total: 4-9	45.0	61.7	57.8	68.1

*Source: HEW Report, Table F-1, p. 50.

the distributions shown in Table II-3 minimize the extent to which American Indians work at lower paying jobs compared to the total U.S. population.

Labor Force Population and Unemployment. Low incomes and lower paying jobs reflect the extent of occupational opportunities. If two groups have different general employment possibilities, it produces different labor force participation and unemployment rates. In 1973 the unemployment rate for reservation Indians was 37 percent.[1] The unemployment rate for the country as a whole in 1973 was 4.9 percent. For black workers, it was 8.9 percent.[2] Thus, reservation Indian unemployment rate was 7.5 times greater than that for whites and 4.2 times greater than that for blacks.

As shown in Table II-5, the rate of unemployment varies from one area to another, from four times to 12.9 times the unemployment rate of the country as a whole.

Table II-6 shows the differences in labor force participation rates. Indians have the lowest rate of male labor force participation of any group in the U.S.[3] Only 63 percent of men 16 years of age and over are in the labor force, compared to 77 percent from the U.S. total average. Rural male Indians, it should be further noted, have an even lower rate of labor force participation -- of 56 percent. For Indian females, the rates are even lower. The differential rates both within the Indian population and between the Indian population and the total U.S. reflect general differences in economic opportunities among rural and urban Indians and by sex. This interrelationship was noted in the HEW

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[1] Facts About American Indians and Alaskan Natives, op. cit., p. 1.

[2] Economic Report of the President, Table C-26, p. 279, U.S. Government Printing Office, Washington, D.C., 1975.

[3] HEW Report, p. 49.

Table II-5*

Native American Population On and Adjacent to Reservation: Labor Force, Unemployment--Summary by Selected Areas
March 1973

	Population on and Adjacent to Reservation	Labor Force (16 years and over)	Unemployment	Rate of Unemployment %	Temporary Employment	Unemployment + Underemployment %
Total in labor force survey	512,831	167,321	61,678	37	30,213	55
BIA Areas						
Aberdeen	48,846	13,141	5,283	40	2,321	58
Juneau	61,026	19,878	12,461	63	2,906	78
Eastern	10,095	3,622	666	18	996	45
Navajo	136,686	47,317	16,567	35	9,845	56
Albuquerque	34,952	12,961	4,373	34	1,848	48
Phoenix	50,838	16,415	5,876	36	2,814	53

*Source: Department of Interior, Bureau of Indian Affairs, June 1973.

Table II-6*

Labor Force Participation Rates of the U.S. and the American Indians, 1970

Labor Force Participation Rate (16 years old and over)	Percent Distribution			
		American Indians		
	U.S. Total	Total Indians	Urban Indians	Rural Indians
Male	77	63	72	56
Female	41	35	42	29

*Source: HEW Report: Table F-1, p. 50.

Report as follows:

> In considering labor force participation and unemployment rates for American Indians, one must not only look at the actual rates for each of these factors, but also at the percentage of Indians who are in fact employed....With low labor participation rate and the high unemployment rate, less than half (48 percent) of all rural male Indians are employed compared to three-quarters (74 percent) of all men nationally. Clearly the low participation rate is not a product of an absence of desire for work. Given the excessively high unemployment rate, the low participation rate is probably only an acceptance of reality. Knowing that jobs are unavailable, persons simply give up trying and thus high unemployment rates are generally accompanied by low labor force participation rates. The relationship holds true particularly in depressed areas. Both situations characterize rural Indian males.[1]

Even in those sections where the rate of unemployment is lowest, for example, among the Cherokee in the Eastern area, the percent of males 16 years and over who are not in the labor force is three times higher than in the surrounding State (North Carolina), or in the United States.[2] The economy of the Eastern Cherokee is largely based on tourism, and the main part of the tourist season lasts only four months (June through September). Thus, the seasonal nature of the economy means that workers in the tourist trade are unemployed for eight months of the year.

When we look at employment figures for a large geographic area, several additional factors need to be borne in mind. Industries must be located where there is water and electricity, and where there are roads to bring supplies in, take manufactured products out, and on which employees can travel to and from work. Thus, industries will tend to be clustered in locations that have such facilities. And many potential employees either have to travel long distances to go to and from work, or have to move, either permanently or temporarily in order to be able to work. In areas such as Navajo, for instance, the ratio of paved roads to square miles is little more than one-third that in the rural areas of the States surrounding the reservation.[1]

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[1] Ibid., p. 51.

[2] Comprehensive Plan, Volume I. Population and Economy Study, Eastern Band of Cherokee Indians. EBCI Planning Board, July 1974, p. 92.

In Alaska, also, transportation is a major stumbling block in economic development. Lack of roads, weather conditions, and the expense of air travel restricts possibilities for moving goods such as food and equipment to outlying villages, and produce, especially perishable produce, to market areas. It also restricts opportunities for employment. Oscar Kawagley, the director of Yupiktak Bista, the non-profit arm of Calista Regional Corporation, told us that transportation and communication were two of the most urgent problems confronting the corporation (of 102,000 telephone calls attempted in the Calista region in 1974 only 36,000 succeeded in making a connection). In Alaska, employment and wages have been increasing at the rate of approximately six percent a year. But, as the 2(c) Report notes, "The big increases in the number of jobs--11 out of a total increase of 12 thousand--have been confined to the three urban-centered regions, Cook Inlet, Doyon and Sealaska, and are therefore out of reach of Native villagers."[2]

Education

Linked to income, occupational and employment status differences are, as we have indicated, educational profile differences. These are indicated in Table II-7. For the U.S. total, as of 1970, the median number of years of schooling completed for males is 12.1 years; the comparable figure for all Indians is 10.4 years. For U.S. females, it is 12.1 and for female Indians, it is 10.5. Rural Indians have less schooling than their urban counterparts. The relation between income and years of schooling holds for the general population in the United States, as well as for the Native American. As Bowles and Gintis have pointed out, "Even among those who had graduated from high school in the early 1960s, children of families earning less than $3,000 were over six times as likely not to attend college as were the children of families earning over $15,000."[1]

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[1] The Navajo Tribe, The Navajo Ten Year Plan, June 1972, p. 52.

[2] Robert Nathan Associates, Federal Programs and Alaska Natives: 2(c) Report. Task 1 - An Analysis of Alaska Natives' Well-being. U.S. Department of the Interior (1973).

Table II-7*

Educational Characteristics of the U.S. Total Population and Urban and Rural Indians, 1970

Schooling Completed (16 Years of Age or Older)	U.S. Total	American Indians Total	American Indians Urban	American Indians Rural
Males:				
% 8 years or less	27.0	37.0	26.0	46.0
% high school graduates	54.0	34.0	46.0	25.0
% 4 years college or more	12.6	3.5	5.6	1.5
Median schooling (years)	12.1	10.4	11.5	9.4
Females:				
% 8 years or less	25.0	34.0	25.0	43.0
% high school graduates	55.0	35.0	44.0	25.0
% 4 years college or more	7.8	2.5	3.8	1.2
Median schooling (years)	12.1	10.5	11.4	9.7

*Source: HEW Report, p. 40.

A number of observations about the educational profiles of rural and urban Indians as compared to the total U.S. population are noted below (see also Tables II-8 and II-9).

1) Both rural and urban Indians have shown improvement at all educational levels over the past decade.[2]

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[1] S. Bowles & H. Gintis. Schooling in capitalist America. New York: Basic Books, 1976, p. 31.

[2] HEW Report, p. 38.

2) Alaskan Eskimos, Aleuts and Indians have had less schooling than all other groups, and this is most dramatic for the Eskimos and Aleuts.

3) Rural Indians who graduate from high school tend to migrate to urban centers at a higher rate than those who do not graduate from high school.

4) In spite of the low educational achievement levels of Indians (especially rural Indians), progress is taking place at a sufficient rate so as to have narrowed the educational gap over the past decade between the Indians and the total U.S. population.[1]

5) Despite the narrowing of educational disparities between Indians and the non-Indian population, employment opportunities lag disproportionately behind the total population. This has led the authors of the HEW Report to raise the question of

> whether the urban Indians have received sufficient vocational training for the competitive employment situations that they find in urban America. Many of the Indians residing in urban areas completed their education in rural areas or near the reservations where little vocational training is offered.[2]

This question opens a Pandora's box and leads to an even more general question about the quality and goals of the educational institutions which Indians attend. When vocational training is offered, it has often been regarded as inadequate. People are trained on equipment that is obsolete, and for jobs that do not exist. Furthermore, vocational training is often given for the lowest level of skill so that even when there were opportunities to use the skill, the graduates qualified for only the lowest paying jobs. In the Dakotas, for example, where unemployment is extremely high, many people spoke of the need for jobs. Wayne Ducheneau, Governor of the Cheyenne River Sioux, said that they

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[1] Ibid., p. 42.

[2] Ibid., p. 51.

Table II-8*

School Years Completed: Urban vs. Rural Indians, 1960-1970

	Urban				Rural			
	1960		1970		1960		1970	
	Male	Female	Male	Female	Male	Female	Male	Female
% of population	32	34	44	45	68	66	56	55
% 8 years or less	46	46	30	28	66	65	50	47
% high school graduates	28	28	43	42	12	13	24	23
% 4 years college or more	3.5	2.4	5.2	3.6	.8	.7	1.2	1.1

*Source: HEW Report, p. 38.

Table II-9*

Educational Characteristics of the U.S. Total Population and Alaskan Natives, 1970

	Alaska			Total U.S.	
	Total	Indians	Eskimos & Aleuts[1]	All Indians	Rural Indians
Schooling Completed (25 Years of Age or Older)					
% 8 years schooling or less	18	53	73	43	54
% high school graduates	67	26	18	33	24
% 4 years college or more	14	1.5	2.7	3.8	1.9
Enrollment in School					
% 3-4 years old	14	15	18	14	15
% 18-24 years old	15	26	33	23	22

*Source: U.S. Bureau of the Census, 1970 Census of Population. General Social and Economic Characteristics, Alaska, PC(1)-C3; Detailed Characteristics, Alaska, PC(1)-D3; Subject Report: American Indians, PC(2)-1F.

[1] Data are not yet available from Census on Alaskan Eskimos and Aleuts. These data were calculated by subtracting data on whites, blacks, and Indians in Alaska. Ninety-two percent of the remaining population consists of Eskimos and Aleuts.

had had lots of training programs; the reservation had many welders and carpenters, but there were no jobs for them. What was needed, he said, were jobs in industry where "one could start off as labor and work up to management."

In all the areas the field team visited, people spoke with great feeling about the need for jobs, for training in careers for which jobs were available, and for jobs which had the potential for upward mobility. The interdependence of education and employment is keenly felt.

Stability of Family Units

It does not take a great mental leap to expect that the interrelated economic conditions described would lead to unstable family units or family problems. As we have argued, there is a threshold beyond which family stability cannot be easily maintained. This threshold is reached sooner the greater the degree of economic instability and impoverishment. Moreover, the burdens of instability are necessarily greater among those below the threshold of poverty than those above it. Thus, the breakup of a family in a middle-income bracket does not have the same social consequences as one in the poverty category. Two tables are shown which reveal dimensions of family instability or problems. In Table II-10 we wish to note two points: that 18 percent of rural Indians are female-headed families; and that of rural Indian families headed by females, 61 percent have children under 18 and 30 percent have children under six.

Table II-11 shows the marital status of Indian women by age. There were 148,485 U.S. Indian families in 1970 and 43.6 percent of them can be characterized as "broken" as a result of separation, divorce, or the absence or death of the spouse. Among rural families, 19.6 percent fall in the "broken" family category. Among urban families, separation and divorce are much higher than among rural families where the absence or death of the husband is more frequent.

Some of the factors related to family disruption in the Native American

Table II-10*

Family Characteristics of the U.S. Total and American Indian Populations, 1970

	U.S. Total	American Indian U.S.	Urban American Indian	Rural American Indian				
				Total	Arizona	New Mexico	Okla-homa	South Dakota
% Husband-Wife Families	86	77	77	77	75	73	79	64
% with children under 18	56	67	64	70	76	77	60	71
% with children under 6	27	40	38	41	47	50	28	41
% Persons under 18 Living with Both Parents	85	69	67	70	70	71	71	59
% Female-Headed Families	11	18	19	18	20	21	15	30
% with children under 18	55	66	70	61	65	65	52	67
% with children under 6	21	32	33	30	32	33	21	40
% Primary Individuals	20	18	22	13	12	11	17	11
% male	37	48	45	53	51	48	42	56
% female	63	52	55	47	49	52	59	44
% Families with 3 or More Own Children under 18	20	33	27	38	46	44	27	38
% Families with 5 or More Persons	25	41	32	50	59	58	37	53

*Source: U.S. Bureau of the Census, 1970 Census of Population. General Social and Economic Characteristics, United States Summary, PC(1)-C1; Detailed Characteristics, United States Summary, PC(1)-D1; Subject Reports: American Indians, PC(2)-1F.

Table II-11*

Marital Status of U.S. Total and Indian Women by Age

Marital Status	Total	20-24	25-34	35-44
Single				
U.S. Total	22.6	36.3	9.8	5.7
Urban Indians	25.6	36.3	12.1	6.1
Rural Indians	29.1	38.7	12.4	6.3
Married Husband Present				
U.S. Total	57.1	48.3	78.7	80.8
Urban Indians	50.3	50.4	68.9	69.1
Rural Indians	50.4	48.0	71.2	74.4
Separated				
U.S. Total	1.9	2.6	3.4	3.3
Urban Indians	4.6	3.9	5.6	6.6
Rural Indians	2.8	3.5	4.7	4.6
Married Husband Absent				
U/S. Total	2.2	3.5	2.2	1.9
Urban Indians	2.9	5.3	3.3	2.6
Rural Indians	3.4	6.5	4.0	3.9
Widowed				
U.S. Total	12.3	0.7	1.3	3.0
Urban Indians	9.6	1.0	1.8	4.2
Rural Indians	9.8	1.1	2.2	5.0
Divorced				
U.S. Total	3.9	2.5	4.6	5.3
Urban Indians	6.9	3.2	8.4	11.4
Rural Indians	3.6	2.2	5.5	5.8

*Source: HEW Report, Table D-2, p. 28.

population are somewhat different from those prevailing in the total U.S. population. These, in turn, are related to general economic and social factors. For example, the percent of young women 20 to 44 years of age (who are likely to be mothers of children under 18) is high relative to the total population because there is a high mortality rate for Indian men in the same age range due to accidents.[1] Furthermore, because women also die prematurely (for reasons other than accidents), Indian men 25 to 44 years of age are twice as likely to be widowed as are their counterparts in the total U.S. population.[2]

A general word of caution is in order concerning the estimation of instability in Indian families. As the HEW Report points out:

> The lower percentage of husband/wife families...is not necessarily a sign of increased family disorganization among Indians, but results from a variety of factors that differ for urban and rural Indians, and
>
> A larger proportion of American Indian families contain subfamilies[3] (six percent compared to two).[4]

About eight percent of urban families and nine percent of rural ones are headed by relatives, e.g., brothers and sisters. The extended family has been the characteristic pattern of family organization for Indians and Alaskan Natives. Although many people have said that the incidence of extended families is decreasing, the pattern remains an important part of the culture. As we have indicated, this must be borne in mind when examining statistics about family stability, as well as when examining patterns of child rearing and social organization.

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[1] HEW Report, p. 26.

[2] Ibid.

[3] Subfamilies are either a husband and wife unit living with a related head of household or a single parent and children living with a related head of household.

[4] HEW Report, p. 26.

In this section we have shown that the economic conditions which prevail for the vast majority of American Indians and Alaskan Natives constitute a complex of factors which shape the quality of everyday life and what can be expected in the future. Being poor not only limits what goods can be bought for cash. Being poor limits the quantity of education a person is likely to have, affects the duration of unemployment or level of employment he or she can expect, limits the amount of stress that can be endured and, consequently, the physical health and psychological well-being that can be expected. Improved education, alone, will not change this bleak picture.

III. HEALTH AND NUTRITION

Background

Since 1955 the Indian Health Service has been responsible for the health care of Native Americans.[1] In 1972, IHS defined its service population as "422,000 American Indians belonging to more than 250 tribes and 53,000 Natives living in 300 Alaskan villages."[2] IHS publications point up the fact that the health problems of the Native American population are much more severe than those of the U.S. population as a whole. "A number of special health problems exist in exaggerated proportions that require extraordinary efforts and program expansion."[3] Furthermore, the age characteristics of the IHS population differ markedly from those of the U.S. population. First, the population is considerably younger than that of the U.S. population. The median age of Indian and

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[1] On August 5, 1954, President Eisenhower approved legislation that provided for the transfer of the health programs of the Bureau of Indian affairs to the United States Public Health Service by July 1, 1955. The Indian Health Service is a component of the Department of Health, Education, and Welfare's Health Service and Mental Health Administration (HSMHA).

The material on health presented in this section is largely based on data from the Indian Health Service. The Indian Health Service reporting system covers natality and mortality data for the 24 states in the IHS service jurisdiction. These 24 states include rural and urban populations and, according to one report, represent 85% of all Indians. On the other hand, reports on the incidence of diseases are based almost exclusively on data from rural populations which, according to the same source, comprise 61% of the total Indian population. This 61% constitutes the IHS service population. Urban Associates, Inc., _A study of selected socioeconomic characteristics of ethnic minorities based on the 1970 Census, Vol. II. American Indians_. Prepared for the U.S. Department of Health, Education, and Welfare, Washington, D.C., 1974, p. 78; _Indian Health Trends and Services_, 1974 edition. Department of Health, Education, and Welfare Publication No. (HSA) 74-12,009. Washington, D.C.: U.S. Government Printing Office, 1974, pp. 3 & 5.

[2] _The Indian Health Program of the U.S. Public Health Service_. Department of Health, Education, and Welfare Publication No. (HSM) 73-12,003. Washington, D.C.: U.S. Government Printing Office, August 1972, p. 2.

[3] _Ibid_., p. 1.

Alaskan Natives is 18.4, a difference of almost 10 years from the U.S. median age of 28.1. Similarly, only 11.8 percent of the Indian and Alaskan Native population is age 55 or older, while 19 percent of the U.S. population is in this age group.[1] The most outstanding characteristic of the IHS population, that is, its extreme poverty and isolation, has already been discussed in the previous section.

Over the past two decades there have been dramatic improvements in the health status of Native Americans. Influenza and pneumonia deaths decreased 54 percent from 1955 to 1973. Infant mortality, which in 1955 was 101 times that of the general U.S. population (all races), decreased 69 percent by 1973. For the same 18-year period, deaths from gastroenteric disorders and tuberculosis decreased 86 percent and 89 percent respectively; TB morbidity was reduced by 86 percent. These improvements are linked to increases in health services to Native Americans, especially in outpatient visits (419%), hospital admissions (107%), and dental services (415%).[2]

On the other hand, the health status of Indians and Alaskan Natives lags 20 to 25 years behind that of the general population of the United States.[3] Even a fourfold increase in clinic visits does not mean that all who require clinic service are receiving it. A decrease in the incidence of disease can reflect improved care, but an increased incidence can reflect improved diagnostic techniques. In some instances, improved identification programs have uncovered higher disease incidences than expected. For example, otitis media, a middle ear disease which has been the leading reported disease among Native Americans since 1961, has been more rigorously screened in recent years. Partly in consequence (though also reflecting an absolute rise in incidence), the number of new cases reported has more than doubled since 1967.[1] Similarly, in the 1960s, trachoma, an infectious eye disease that can lead to blindness, was more carefully surveyed to determine if its rate of incidence reflected over-diagnosis. As a result, twice as many cases of trachoma were revealed as had been noted through more cursory testing one year earlier.

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[1] Indian Health Trends and Services, op. cit., p. 5.

[2] Vital Events Branch, Office of Program Statistics, Division of Resource Coordination, Indian Health Service, Provisional, 1974.

[3] The Indian Health Program of the USPHS, op. cit., p. 2.

Adverse social, economic, and environmental conditions, as well as some basic inadequacies in the health services Native Americans receive, continue to impede progress. Depressed living conditions coupled with inadequate knowledge about preventive health and health care foster the spread of communicable diseases at rates higher than those of any other national group.

In a recent study of socioeconomic conditions among Native Americans,[2] it was found that two-thirds of all rural Indians have no running water in their homes and almost half have no toilets. Public sewage systems, which the IHS is funded to provide, are lacking for three-quarters of the rural Indians located within IHS service areas; public water supplies are not available to 41.3 percent of this group. Also reported were comparative statistics on overcrowded housing, an index of poverty as well as a factor contributing to poor health. Moderate overcrowding was twice as common for rural Native Americans as for the total U.S. rural population, severe overcrowding was 9.5 times as great for rural Native Americans as for the total U.S. rural population.

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[1] J. L. Stewart, Otitis Media Report. Manuscript prepared for IHS by Sensory Disabilities Program, IHS, 1974; J. L. Stewart, Provision of health care to underserved populations. The Volta Review, issue on health care and the hearing impaired, 1975.

[2] Urban Associates Report, 1974, op. cit.

Such conditions make preventive health care difficult and often impossible. Even minor infections can then lead to serious consequences and be communicated to other members of the family. When water has to be hauled many miles, it is likely that it will be used sparingly. The difficulty of maintaining sanitary conditions in the home, combined with insufficient information about disease processes and bacterial infection, is certainly a contributing factor in disease incidence and, in some cases, in mortality rates. While infant and neonatal death rates have been reduced considerably in recent years, the death rate for the post-neonatal period (28 days to 11 months) is still 2.3 times that for the U.S. as a whole. In addition to the lack of sanitary facilities in the home, a further contributing factor to this relatively high post-neonatal death rate is the long distances that have to be traveled to get to hospitals and clinics.

Thus, health problems are intimately bound up with the physical and social conditions of life. Alcoholism remains a critical health problem for the Native American population. A steady increase in alcohol-related deaths, due, for example, to cirrhosis of the liver and car accidents, has been reported since the 1960s, with a 23 percent rise from 1972 to 1973 alone.[1] Accidents have been the leading cause of death among Native Americans since 1971, and many accidents are a consequence of excessive drinking. Alcohol also contributes to child neglect, which in turn can have deleterious effects on the physical and psychological health of the child and the entire family. In our interviews, repeated reference was made to the magnitude of the alcohol problem, with expressions of concern in 25 percent of all health-related responses, and in 53 percent of responses about social disorders.

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[1] Vital Events Branch, op. cit., February 1975.

Prenatal Health

In the period since 1955 there has been a noteworthy increase in the number of births which occur in hospitals. This is particularly dramatic among Alaskan Natives. The percentage of Alaskan Natives born outside hospitals decreased from nearly 35 to 5 percent from 1955 to 1971. In 1971 the percentage of Indian and Alaskan Native live births in hospitals was 98.6 (comparable to the 1968 figure for the U.S. All Races population).[1]

This progress has, however, not been matched in the delivery of prenatal health care and education. IHS reports that in 1971 there were 2,563 admissions to IHS Public Health Nursing Service for prenatal supervision. In that year there were 23,806 live births (22,092 Indian for 23 reservation states, and 1,714 Alaskan Native).[2] These figures indicate that 89 percent of the mothers who gave birth in hospital were not seen by IHS staff during their pregnancies.

In general, use of prenatal services and socioeconomic/educational levels are positively correlated. Underutilization of prenatal services by women of low socioeconomic and educational status has been found to reflect several factors: (1) ignorance of the value of preventive medicine, (2) discrepancies between health-related attitudes and practices, (3) deterring characteristics of health services and personnel accessible to these women, and (4) financial considerations (e.g., carfare).[3] The availability and accessibility of prenatal care are, of course, primary considerations.

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[1] Indian Health Trends and Services, 1974, op. cit., p. 14.

[2] Ibid., pp. 12 & 73.

[3] H. G. Birch & J. D. Gussow. Disadvantaged children: health, nutrition, and school failure. New York: Harcourt Brace Jovanovich, 1972, Chapter 7.

For the past several years the leading cause of hospitalization among Native Americans has been complications of pregnancy, childbirth, and the period immediately following childbirth, accounting for an alarming 43.5 percent of all 1972 admissions among women aged 15 to 24 years.[1] Fertility rates are highest in this period. The birth rate for Native American women aged 15 through 44 is almost twice the U.S. rate, and infant death rates, generally taken as an index of health and environmental conditions in a community, have declined to a level approximating that for the general population. Despite this, as noted above, the postneonatal death rate among Native Americans is still 2.3 times greater than that of the national sample.[2]

The higher incidence of maternal and infant disease and death rates for women who have had more than one child have been well-documented.[3] Risk conditions are compounded, as Birch and Gussow note, by "a reproductive pattern in which child bearing is begun too early, repeated too rapidly, and continued too long."[4] This is substantiated by information available about Native American teenage pregnancies. These are typically associated with little or no prenatal supervision, and substandard health and nutrition. Infants born to mothers whose reproductive patterns are consistent with the above description tend to have lower birth weights, which in turn is associated with higher death rate and the incidence of neurological problems, for example, epilepsy, cerebral palsy, mental retardation, and various other sensory-motor deficits.

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[1] Indian Health Trends and Services, 1974, op. cit., p. 53; Indian Health Service, Discharge Summary, Fiscal Years 1967-1972, Department of Health, Education, and Welfare Publication No. (HSA) 75-12021. Washington, D.C.: Government Printing Office, October 1974.

[2] Indian Health Trends and Services, op. cit., p. 21.

[3] H. G. Birch & J. D. Gussow, op. cit., Chapter 4; H. M. Wallace. The health of American Indian children, American Journal of Diseases of Children, 1973, 125, 449-454.

[4] Birch and Gussow, op. cit., pp. 172-173.

Nutrition

Maternal nutrition has profound effects on the fetal environment, and a long history of malnutrition in the mother can be disastrous for the growing fetus and neonate. In a study of 284 cases,[1] 95 percent of infants examined at birth were found to be in good or excellent health when the maternal diet had been good or excellent. Only eight percent of infants in good condition were born to mothers whose diet was poor; of the remainder, 30 percent were in fair condition and 62 percent were in very poor condition.

Adequate nutrition is essential for cerebral growth, particularly in the perinatal period when the brain is undergoing critical development. Fetal malnutrition limits the production of brain cells if it occurs during the period of numerical cell growth which precedes growth in cell size. Moreover, DNA production, directly linked to numerical cell growth, is inhibited in cases of malnutrition.[2] Thus, nutrition affects the fundamental substance whose mechanism governs the storage and transfer of genetic information.

The interrelationship of health and nutrition has been the focus of growing concern. Increased availability and consumption of widely advertised foods of marginal nutritional content, particularly those high in sugars and fats but low in other nutrients, are connected with deterioration in physical and dental health. Infant food programs have greatly reduced the incidence of protein and calorie deficiency diseases among many young Native American children.[3] Such programs should be extended and their value reinforced by more adequate information about nutrition. It should also be noted that eligibility for these programs is based on census counts, and there is considerable evidence that the 1970 Census seriously underestimated the reservation population. Thus, there are many more families which should be benefiting from these programs.

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[1] B. S. Burke, S. S. Stevenson, J. Worchester, & H. C. Stuart. Nutrition studies during pregnancy. Relation of maternal nutrition to condition of infant at birth: a study of siblings. Journal of Nutrition, 1949, 38, 453-467.

[2] M. Winick. Fetal malnutrition and growth processes. Hospital Practice, 1970, 217, 33-41.

[3] J. Van Duzen, J. P. Carter, & R. Vanderzwaag. Protein and calorie malnutrition among preschool Navajo Indian children, a follow-up, 1975 (mimeo).

There has been little systematic research on the impact of nutrition on disease incidence among Native Americans, owing to the methodological obstacles involved in this kind of study for any large population. However, in a study of dietary practices among Navajos by French,[1] a causal relationship was found between unsanitary feeding conditions, poor maternal health, and the high incidence of gastroenteric disease and death rates among infants. As is true for the nation as a whole, nutrition is probably related to the precipitous increase in incidence of cardiovascular disease among Native Americans, up 221 percent from 1955 to 1971. There is also some suggestion of a dietary component, perhaps acting on a genetic substrate, in the high incidence of diabetes mellitus starting in adulthood,[2] up 115 percent in the same period. Although a history of obesity and high sugar consumption is often present in such cases, a cause-effect relationship between these factors and risk of diabetes has yet to be established.

A survey of the nutritional status of American Indian children indicates that

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[1] J. G. French. Relationship of morbidity to the feeding patterns of Navajo children from birth through twenty-four months. American Journal of Clinical Nutrition, 1967, 20, 375-385.

[2] K. M. West. Diabetes in American Indians and other native populations of the New World. Diabetes, 1974, 23, 841-855; P. F. McGill, Chief Medical Resident, Babies Hospital, Columbia-Presbyterian Medical Center, New York, N.Y. Personal communication.

> ...the average reservation Indian family's diet is often marginal and requires supplementation. The deficiencies are generally in animal protein, milk, and fresh fruits and vegetables. These deficiencies mainly contribute to "hidden hunger" which results in the generally poor health of the Indian preschool child....Nutritional surveys have identified a fairly general dietary deficiency of vitamins A and C, calcium and iron, and borderline protein intake ....The exception seems to be in the Alaskan Natives and Eskimos where one-third of their caloric intake is largely animal protein....Anthropometric data obtained from a relatively few surveys...show that the average Indian preschool child is below the average U.S. white child in both height and weight. This lends further credence to the hypothesis that Indian preschool children have suboptimal nutrition.[1]

In general, poor nutrition can be viewed as a predisposing factor in disease incidence among adults and children.

Diseases of Children

Of special significance for the purposes of this study are those diseases which are common in the Native American pediatric population (ages 0 through 9) and their impact on general development. Communicative disorders stemming from ear and eye disease have particularly concerned health and education professionals in contact with this age group.[2]

Otitis media, at a rate of incidence approximating 12,200 per 100,000 for 1972 to 1973, poses the greatest threat to Native American children. Early onset of the first attack (before the child's second birthday) is highly correlated with a tendency toward chronic recurrence of this potentially crippling ear disease. In 1972, 25 percent of all cases reported were in children younger than one year of age; 67 percent of new cases occurred in the under-five age group.

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[1] W. K. Carlile, H. G. Olson, J. Gorman, C. McCracken, R. VanderWagen, & H. Connor. Contemporary nutritional status of North American Indian Children. In W. M. Moore, M. M. Silverberg, & M. S. Read (Eds.), Nutrition, growth and development of North American Indian children. Department of Health, Education, and Welfare Publication No. (NIH) 72-26. Washington, D.C.: Government Printing Office, 1972, pp. 62-63.

[2] Stewart, 1975, op. cit.; K. W. Deuschle. A report on the middle ear disease problem among the American Indians and Alaskan Natives, 1969 (mimeo).

In a study of infants in 27 Eskimo villages in the Yukon and Kuskokwim River Delta areas of southwestern Alaska, a cohort of 378 children were followed from birth to four years of age.[1] Sixty-two percent of the children had one or more episodes of infected and draining ears during the study period. Of these, 65 percent had their first episode before their first birthday and 89 percent before their second birthday. The authors of this study point out that removing the adenoids and tonsils, usually considered to prevent otitis media in older children, had also been considered for these young Eskimo children. But the data showed that "frequent episodes and hearing impairment occur long before the children reach an age for safe operation. An effective method of treatment or prevention of otitis media in these children will have to be applicable before they reach the age of two."[2]

Incidence of otitis media in a population tends to parallel that of acute respiratory infection, and respiratory disease ranked as the leading cause of hospitalization for young Native American children (birth to five years) from 1967 to 1973. Poverty-level groups are most prone to both kinds of outbreaks because of crowded living conditions, inefficient heating, and poor hygiene and nutrition, all of which are reinforced by inflation. Limited accessibility of adequate medical services further impedes effective treatment and prevention of otitis media. Moreover, existing facilities have proved inadequate in coping with the serious problem of a mounting backlog of cases requiring medical, surgical or rehabilitative attention.

The social as well as medical significance of chronic ear disease in Native American children is clearly manifested in the school context, as described by

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[1] D. Reed, S. Struve, & J. Maynard. Otitis media and hearing deficiency among Eskimo children: a cohort study. American Journal of Public Health, 1967, 57, 1657-1662.

[2] *Ibid.*, p. 1662.

Deuschle:

> Teachers who face a classroom of children in which half of the students have hearing impairments are frustrated and understandably demoralized. Children crippled by partial-to-complete deafness tend to learn more slowly and may exhibit social, psychological, and behavioral abnormalities. These children are observed to be insecure, withdrawn, and unable to learn at an acceptable rate.[1]

The significance of this disease is widely recognized in Native American communities, as well as in the medical literature.[2] Our interviews revealed much dissatisfaction among parents, teachers, and health professionals with regard to the effectiveness of programs already implemented to deal with the medical and educational aspects of this problem.

Unfortunately, health instruction to correct harmful misconceptions about this and other diseases has made minimal progress in some communities. Bottle-propping, which by leaking milk into the infant's ear encourages bacterial infection, is still practiced. A public health nurse in Kotzebue lamented that Native mothers with the best intentions perpetuated otitis media by neglecting to clean their children's ears before applying eardrops. An itinerant nurse in the Bethel area explained that otitis media is so common that many Native Americans view it as a part of normal development. According to one story we were told, a rural Alaskan Native mother thought there was something wrong with her youngest child because he had never had a draining ear.

Otitis media is largely seen on an outpatient basis, except in cases where surgery is indicated. For example, according to provisional statistics for children under ten years, there were 1,374 hospitalizations in 1975, compared to 69,167 outpatient visits that same year.[1] As was mentioned earlier, those diseases most commonly requiring hospitalization for Native American children involve the respiratory system. As of 1972, respiratory disease accounted for 34.8 percent of hospitalizations for children under five years of age, representing a decrease of 6.8 percent since 1967. According to IHS statistics on infant mortality, pneumonia deaths rank highest, at a rate over 1.5 times the 1969 national percentage of infant deaths due to pneumonia.

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[1] Deuschle, op. cit., p. 12.

[2] A comprehensive discussion of the otitis media problem and a review of relevant literature are presented in pp. 413-435 of the Indian Health Care Improvement Act, Hearings Before the Subcommittee on Indian Affairs, House of Representatives, Ninety-Fourth Congress, Serial No. 94-22. Washington, D.C.: U.S. Government Printing Office, 1975.

Eye disease. Findings from a recent vision study, presented by the American Optometric Association at the 1975 Congressional hearings on the Indian Health Care Improvement (IHCI) Act,[2] revealed that an average of 51 percent of school-aged Native American children had some visual problem, compared to 20.9 percent of their white counterparts. Examination and treatment referrals for Native American children with myopia were almost four times as frequent as those for white children; 39 percent of Native American children were referred for astigmatism, compared with 1.5 percent of white children. Conjunctivitis in the general Native American population, trachoma among Southwest Indians, and glaucoma among Alaskan Natives were found to be prevalent by the American Optometric Association and IHS surveys. However, little or no eye care was received by 60 percent of the Native American children and 90 percent of Native American adults surveyed.

Trachoma incidence among Native Americans has decreased 71 percent in the past 20 years, and its prevalence among Southwest groups is largely related to persisting inadequacies in sanitation and family hygiene, and a lack of understanding about transmission of the disease. Trachoma damage advances rapidly with age, producing scarring and progressive opacity of the cornea. Giving medication in school offers only temporary protection against this infection, and the child's re-exposure to trachoma is almost unavoidable without the effective control of the environmental conditions which promote its spread.

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[1] Mozart I. Spector, Director, Office of Program Statistics, Public Health Service, U.S. Department of Health, Education, and Welfare. Personal communication (3/19/76).

[2] Indian Health Care Improvement Act Hearings, op. cit., pp. 409-410.

A substantial segment of the Alaskan Native population is affected by visual and hearing problems, exacerbated by severe climatic conditions. Many are deprived of adequate care because of geographic isolation as well as shortages in existing health resources (supplies, manpower, etc.). Large numbers of Native American children in these regions are at a serious disadvantage in school because of combined visual-auditory handicaps that progress unchecked.

The impact of illness and hospitalization on Native American children. The psychological impact of illness and hospitalization in children has been well-documented in the medical and psychiatric literature.[1] Illness often exposes the child to physical discomfort, fatigue and, depending on the child's level of maturity, to feelings of anger, guilt, and helplessness. The traumatic potential of illness is increased when hospitalization is required. The child enters the hospital milieu handicapped by illness, confusion, and anxiety, particularly in cases of emergency admission. Fantasies generated by the illness assume new proportions upon hospitalization as, all at once, and usually with little or no preparation, the child is exposed to strange caretakers, rooms, sounds, equipment, routines and other sick or disabled patients. In addition, the child must often face another major stress: forced separation from parents at a time when their presence and protection is needed most.

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[1] See A. Freud, The role of bodily illness in the mental life of children, Psychoanalytic Study of the Child, 1952, 7, 69-81, for the classic description of the problem; and D. T. A. Vernon, J. M. Foley, R. R. Sipowitz, & J. L. Schulman, The Psychological Responses of Children to Hospitalization, Springfield, Ill.: Charles C. Thomas, 1965.

In Alaska, for example, a village child requiring hospitalization may be taken by parent, teacher, or health representative to a local airstrip. There the child is put on a plane, flown to Bethel or Anchorage, a strange and totally different environment, is met by a stranger, escorted to the hospital where the child may remain for many weeks before returning home. There is no contact during hospitalization between the child and family members, except in the rare instances where they are able to accompany the child on the plane. Thus the child has to cope alone both with the illness and with an alien environment.

Over the years means have been developed to facilitate hospitalization for children. The most comprehensive of these is the Child Life program, which focuses directly on the needs and capabilities of hospitalized children. Child Life is a professional liaison service, which mediates between child, family, and hospital staff, to enable the child and family to cope with the stress of hospitalization.

Child Life programs feature supervised and free play, and preoperative psychological preparation for children undergoing surgical or diagnostic procedures.[1] This preparation is usually carried out by a Child Life worker, who describes and demonstrates medical procedures using a stuffed animal for a model, and who gives the child the opportunity to ask questions and talk about his or her concerns. This staff member acts as the child's advocate throughout the hospital stay, and uses all possible means to bridge the gap between home and hospital.

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[1] For a discussion of this type of program, see A. S. Meltzer, Variables in the differential pre-operative teaching of pediatric patients. Unpublished Masters thesis, Sarah Lawrence College, Bronxville, N.Y., 1975.

For Native American children, Child Life services are especially needed. These children may experience special stress because, in addition to being far from home and familiar surroundings, the alien world of the hospital is usually part of a different culture with a different language. Furthermore, their parents may often not be informed about what to expect during hospitalization, and less likely to be able to give their children the knowledge and support essential for coping with the hospital experience.

Medical staff seldom make an effort to explain procedures to parents, let alone to the children. After surgery, children are sent home often with no clear understanding of what kind of surgery was performed, what if any follow-up measures are required, what if any danger signs should be noted.

Language and cultural barriers between patient (and family) and staff further compound the issue. Hospital policies restricting family visits and active involvement in the child's treatment are likely to have a detrimental effect on their ability to cope with the illness crisis. Too often language and other barriers prevent the child's expression of feelings about the experience. Unchecked misconceptions and unanswered needs may lead to serious long-term psychological consequences, not to mention bad memories about hospitalization.

Current hospital practices are in sharp contrast to Native modes of health care. Native healing ceremonies often require the financial, spiritual and physical participation of all members of the patient's family.[1] Native healers have long been aware that illness has spiritual or psychological as well as somatic components. In recent years some hospitals have made an effort to bring Native healers to visit patients who have not responded to conventional hospital medicine. One physician whom we interviewed thought it most important that all hospitals should include Native American medicine men working jointly with medical staff. We were told of an instance of this in Kotzebue where there is a local medicine woman who works with the medical staff. "She has a great knowledge of internal organs and has been invited to seminars on internal medicine." Among the Navajo, and other tribes, there are efforts to institute systematic training programs for young people who wish to become medicine men.

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[1] See C. Brandt, Two different worlds...the Navajo child's interactions within the health care system. American Journal of Nursing, in press.

Handicapped children. The significantly increased number of births in hospitals since 1955, and the 1970 Congressional mandate requiring ten percent representation of handicapped children in Head Start programs, have given impetus to the early identification of handicapped infants and young children. Although a more accurate picture of the proportion of birth defects and handicaps in the Native American population is emerging, statistics for the incidence of handicapping conditions among Native American children are incomplete. While we were told during interviews that Native American parents traditionally preferred not to subject their handicapped children to special education programs or medical intervention, it appears that such attitudes are progressively changing. The Congressional mandate relating to Head Start has led to more thorough identification procedures and special services for these children. Since that time, probably as an indirect result of the mandate, IHS hospital discharge statistics have included pediatric categories for mental retardation and epilepsy.

For Head Start purposes this population was legally defined as "mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, crippled, and other health impaired children who by reason thereof require special education and related services."[1] Although a mean percentage of 10.4 handicap representation was attained in Migrant and Indian Programs, the distribution among states was uneven. Individual percentiles should be interpreted cautiously (see Table III-1), as some discrepancies have appeared between HEW figures and reports of State Special Services agencies.

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[1] Head Start services to handicapped children. Third Annual Report of the U.S. Department of Health, Education, and Welfare to the Congress of the United States on Services Provided to Handicapped Children in Project Head Start. Washington, D.C.: Office of Human Development/Office of Child Development, June 1975, p. 1.

In a 1972 BIA study cited by Ramirez,[1] 38 percent of the children in Bureau schools were classified as handicapped, a proportion significantly higher than that for the national sample. Translated into numbers this means that in 1972, 19,033 of 49,720 students had hearing, visual, mental, emotional, orthopedic or other health handicaps requiring special educational services.

In another report, by Nicholas and Joyner,[2] New Mexican Native American children of school age were found to have three times the number of speech and language impairments noted for the national sample. Otitis media was, not surprisingly, found to be the chief etiological factor in the severe impairment of reading skills, language development, and articulation.

Some Observations of the Needs Assessment

Health services for school children. The Indian Health Service is responsible for providing routine physical examinations, immunizations, emergency care, and the upkeep of health records for school-aged children in their service jurisdiction. IHS is also responsible for dental care, vision/hearing screening, and eyeglasses or hearing aides if indicated. However, in many places the level of services is so inadequate that school personnel themselves manage simple screening procedures. In addition, although great inroads have been made by

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[1] B. A. Ramirez. Background paper on American Indian exceptional children. Prepared for the National Advisory Council on Indian Education, January 1976 (mimeo).

[2] J. P. Nicholas & J. B. Joyner. Statement of the American Speech and Hearing Association Before the Indian Affairs Subcommittee, Committee on Interior and Insular Affairs, U.S. House of Representatives, regarding the Indian Health Care Improvement Act, September 1975 (mimeo).

Table III-1

1975 HEW Report on Representation of Handicapped Children in Head Start: December 1974 Findings for the Twenty States with Migrant and Indian Programs

	# Grantees & Agencies Responding		Total # of Children Enrolled		# Handicapped Enrolled		# Enrolled with Questionable Handicaps		Total % of Handicapped and Questionable Handicapped	
State	MIP	Total	MIP	Total	MIP	Total	MIP	Total	MIP	Total
Alaska	1	3	20	720	0	35	0	24	.0	8.19
Arizona	10	23	1022	3554	48	229	56	209	10.0	12.32
California	2	107	361	17366	15	1100	20	509	9.7	9.27
Colorado	2	22	176	3384	13	702	5	381	10.2	32.00
Florida	3	30	574	9331	11	621	9	248	3.5	9.30
Idaho	4	13	248	24441	9	100	5	54	5.6	10.67
Illinois	2	41	129	8737	14	439	1	404	11.6	9.64
Minnesota	6	28	391	3159	19	409	0	273	4.9	21.58
Montana	6	13	539	1185	44	172	21	42	12.0	18.05
Nebraska	1	10	19	764	1	56	1	15	10.5	9.28
Nevada	1	5	96	462	20	45	9	43	30.2	19.04
New Mexico	6	21	399	2939	16	136	2	86	4.5	7.54
N. Carolina	1	37	110	8327	13	477	5	311	16.4	9.45
N. Dakota	3	6	507	740	33	87	40	92	13.1	24.18
Oregon	2	14	862	1847	60	177	6	31	7.6	11.25
S. Dakota	4	9	410	870	64	142	18	87	20.0	26.32
Texas	2	89	1477	13334	43	953	3	706	3.1	12.43
Utah	1	9	200	1007	24	211	29	69	26.4	27.80
Washington	3	26	102	2678	4	368	2	149	5.9	19.30
Wyoming	1	6	75	592	0	116	0	45	.0	27.19

the Maternal and Child Health units (supported by Mother-Infant Care programs) in immunizing the infant population, follow-up may be delayed until the children enter Head Start, kindergarten, or even first grade. Before that, children typically receive medical attention only for emergency treatment.

In general, the delivery of health services to young Native American children depends on the location and quality of the nearest health facility, making for erratic care. Most of the schools visited in the course of this study had a nurse available one or two days a week; some had no nurse or shared one with a school many miles away. Local clinics were sometimes open only once a week.

In Standing Rock, for example, Community Health Representatives are assigned to transport school children to clinics, though this task is more often carried out by ancillary school personnel or school bus drivers. When the distance to a clinic or hospital is long, a child may miss a full day of school for a brief medical procedure. Elsewhere, however, more thoughtful and effective planning of health care services are in evidence. The new Bureau day school in the Pueblo of Acoma, for example, will have a full-time public health nurse and at least one Community Health Representative to do simple testing and transport pupils to the Acomita and Laguna clinics.

Many IHS clinics are located in BIA boarding schools, if not on their property, because water and electricity are available. Although it is not unusual for a fully equipped clinic to be staffed only one day per week, many new facilities are being used to great advantage. One such clinic in the Shiprock area, housed inside the main hospital, is open seven days a week. It is staffed with full-time dentists and physicians as well as nurses and technicians, and services close to 50 patients a day.

In our interviews, preventive medicine for preschoolers and dental services were considered a high priority. A physician in southwestern Alaska urged greater parental responsibility for basic dental care for young children believing that the distribution of fluoride pills to children through Head Start is paternalistic. Nevertheless, the Head Start dental programs are generally considered superior to those for other age groups. Inadequate, erratic dental care is the norm for most grade school children. As Annie Wauneka, a Navajo tribal leader and a pioneering influence in the health field, remarked to us, "Dental care, like the school bus, often misses the children." PHS dentists do not provide prostheses and Native Americans by high school age have often lost enough teeth so that, besides being embarrassed about their appearance, their ability to chew foods essential to a balanced diet is seriously impeded.

Deficiencies in general services were largely attributed to staff and money shortages, a viewpoint shared by many of the professionals and nonprofessionals interviewed. Many complained about Federal and State bureaucratic systems which dissipated funds before they could be funneled into the actual programs for which they were allocated. These limitations have led some to adopt questionable practices for the sake of economy. In one boarding school, the children's eyeglasses are collected at the end of each school year and returned to them at the beginning of the next. In another locale, the Public Health Service directed a school not to refer children with better than 20/50 vision. The potential consequences in both these cases are obvious.

Staff and facilities. The inadequacy of medical staff and facilities was a recurrent theme in our interviews. As one IHS staff doctor pointed out, "IHS is staffed for the sixties," that is, it is understaffed for the current population and their needs. In one reservation visited, the clinic was run most of the time, we were told, by paramedical personnel. There is a tremendous need for additional hospital and clinic facilities, for more physicians, dentists, public health nurses and nurses with general training (associate nurses), and for more resident physicians. Much equipment was out of date. Some hospitals have no facilities or equipment for special emergencies, e.g., premature babies, cardiac emergencies. Many have inadequate ambulance services. Furthermore, there are few Native American staff at the upper echelons.

Mixed feelings were expressed about some of the doctors who serve on the reservations. They come for a two-year stint, on special commission from U.S. Public Health Service, and often have little if any professional experience, knowledge of rural life, or of the culture and practices of the people whom they will be serving. A number of them are foreign doctors with a rudimentary grasp of English, making communication with Native patients even more difficult. Some of the doctors leave before their time is up, and there is then no one to fill their place. As it is, the staff has little time to cope with preventive medicine or community health education.

The amount of staff turnover creates administrative problems as well as problems for the patients; patients complain that every time they go to the clinic or hospital they are seen by a different person. In one of the Pueblos we visited we were told this was a major deterrent in prenatal care. Nevertheless, it should be emphasized that, with rare exceptions, the health personnel we met were dedicated to their jobs and deeply concerned about the inadequacies of health care delivery to Native Americans.

Nutrition and health education. School and preschool food programs can make important contributions to the children's nutrition. On many reservations, food is scarce, due to great distances to stores and trading posts, as well as to poverty. The nutrition children receive in school may be the greatest sustenance they receive. Head Start provides children with new and varied foods as well as traditional staples. In some programs, though, Head Start cooks, drawn from the community, provide the same diet the child receives at home. This can produce a nutritional imbalance if certain foods are absent in community diet. In several programs visited there was an almost complete lack of fresh green vegetables, fresh fruits, and fresh meats, as was true for the community at large. Such poor nutrition is further exacerbated by the large quantities of soda and sweets that children consume.

In recent years there has been a growing drive to provide nutrition education for Head Start cooks and teaching staff. While this has had a positive influence on the nutrition of children in Head Start, it neglects the educational needs of parents. Coordination of such services for all participants in Head Start programs is required for the comprehensive improvement of Native American nutrition and health status. Native Americans must also be made aware of the Federal options, e.g., food stamps vs. surplus food distribution programs, available to them. Too often nutrition programs are underutilized because of lack of information.

General health education for children has made less progress. While school and health personnel often recognized the need for health education in the schools (and for adults), their work loads seldom allowed sufficient time for it on a systematic basis. However, there were some instances of health education in the schools. In one school in the Southwest, a public health nurse showed films and gave talks to the staff of a boarding school. In Alaska, a public health nurse had been to the school to discuss environmental health with children in the younger grades. She recognized the need for all kinds of health education in the school but her work load did not permit her to give it serious attention.

Needs and Recommendations

The very nature of the health problems confronting Native Americans reflects a variety of unmet needs. In addition to the lack of resources, staff and facilities, socioeconomic and physical conditions inevitably impede efforts to improve health care delivery to Native Americans. The improved functioning of health care systems obviously depends on improving these conditions. In fact, unless they are improved, the health status of Native Americans will continue to lag behind national norms.

Articulate, knowledgeable, and committed spokesmen for Native Americans are making themselves heard, both in Congressional hearings on Indian health and in the medical literature. The 1975 IHCI Act hearings generated a great deal of information as well as practical recommendations for upgrading health care. Participants in these hearings included tribal representatives, medical/health professionals and legislators. The bill, which has already received Senate approval, could, if fully implemented, have a massive impact on the quantity and quality of Federal health services for Native Americans. Though still subject to alteration, it responds to the health needs of Native Americans by legislating comprehensive improvements in health manpower facilities, services, and access to services for both rural and urban populations.

At the hearings, discussion repeatedly focused on shortages in facilities, services, manpower, and general funding. In recognition of the profound influence on health of environmental conditions, safe water supplies, sanitation for homes and communities, as well as medical facilities (labs, hospitals, clinics) were cited as critical to the general health of Native Americans. The importance of improving roads, and traffic safety standards to improve access to health care facilities as well as to reduce accident rates, was also considered.

As pointed out by the National Tribal Chairman's Association, national inflationary trends have led to deterioration in health care, eroding morale among patients and staff in the IHS delivery system. Their report reiterates the insufficiencies stated in the Indian Health Care Improvement Bill:

> IHS facilities are understaffed by 25 to 50 percent. Of the 51 IHS hospitals, only 21 are accredited by the Joint Commission of Accreditation of Hospitals. Only 12 of the 51 hospitals fully meet the National Fire and Safety Codes. In other areas there are no hospitals.[1]

Dr. Everett Rhoades, an official of the Kiowa Tribe in Oklahoma and a clinic physician, indicated that conditions in outpatient and field clinics in his area were no better, with staffing levels at or below 80 percent in the majority of these facilities.[2] Inadequate services included, most prominently, a 90 percent backlog for surgery to treat otitis media, and significant deficiencies in the provision of hearing aids and dental services, as recognized in the bill.

Problems and needs stated in testimony by representatives of individual Native American communities or health groups were relevant to all Native Americans. Alvin Dashee, Vice Chairman of the Hopi Tribe, presented a comprehensive outline of Hopi needs which are strikingly similar to those of other Native American groups. Major need categories are summarized below:

Mental health: acquisition of additional mental health personnel to identify and evaluate mental health problems in the community and develop comprehensive programs to remedy existing deficiencies in mental health services.

Health education: planning and development of programs and resource materials based on community needs, and ongoing inservice practicum training for health education personnel providing central and outreach services.

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[1] Indian Health Care Improvement Act Hearings, op. cit., p. 386.

[2] Ibid., p. 69.

Environmental health: a tribal-based, well-staffed program to evaluate needs and ensure community environmental health maintenance.

Nutrition: resident professional dietetic/nutritional services for consultants to BIA schools, IHS facilities, and a community-oriented nutrition education program with provisions for inservice training of its personnel.

Native medicine: an orientation program for physicians serving the community, in order to achieve proper integration of Native healing arts and modern medical practices, and thereby better serve the health needs of Native Americans.

Vital to the effective functioning of these services is developing more and better trained staff and improving facilities to better accommodate the community's growing health needs. Staff development, according to the Hopi proposal, would provide adequate staffing of mental health, school health, dental and other services by means of programs for (1) scholarship funding of community people interested in health careers, (2) continuing education for health professionals working in the community, and (3) the recruitment of resident health professionals.

Improvement of facilities involves the expansion and modernization of existing hospitals, clinics, school health and outreach resources, as well as the addition of new ones. It requires constructing adequate housing for families of staff. Emergency medical and communications equipment, air and land transport services, and related support systems are also subsumed under this category.

Another perspective on Native American health problems was offered at the hearings by Dr. Ervin Nichols of the American College of Obstetricians and

Gynecologists. Referring to a report prepared for IHS by the American Academy of Pediatrics and the College, Dr. Nichols acknowledged the frustrations shared by concerned Native Americans and community-based health professionals confronted with a chronic lack of resources. He introduced a number of personnel-related suggestions for the improvement of health care delivery. These are (1) new incentives for long-term commitment of health personnel to community work, (2) specialty backup, particularly in pediatrics and obstetrics/gynecology, (3) better communication with the professional mainstream to counteract feelings of isolation among community-based health personnel, (4) continuing educational opportunities for professionals who, in the past, could not afford to leave their field responsibilities for necessary supplemental education elsewhere, (5) adequate financial compensation, and (6) adequate living conditions for community-based health personnel and their families.

Not surprisingly, our interview data support the testimony heard at the Indian Health Care Improvement Act hearings. Of 889 interviews, 329 (37%) included health-related statements which consisted of statements of problems and statements of needs or recommendations (see Table III-2). (Only explicit statements were included in the latter category because interviewees' statements of problems were not necessarily equated with the expression of needs.)

Three hundred twenty-nine respondents made 1,253 health-related statements, of which 50 percent concerned problems, 42 percent concerned needs or recommendations. Of total statements about problems, 54 percent concerned medical disorders such as ear and eye disease, diabetes, respiratory infections, malnutrition, and gastroenteric disorders. Of these, the problem mentioned most often was ear infection. The remaining 46 percent of problem-centered statements described social phenomena directly related to health: child abuse/neglect, alcoholism, drug abuse, and suicide, or suicide attempts.

Table III-2

Source and Number of Health-Related Needs and Problems

Source	Respondents N	Respondents %	Statements N	Statements %
NA[1]	223	68	705	56
NNA[2]	106	32	548	44
Total	329	100	1,253	100
Health Personnel	100	30	636	51
Non-Health	229	70	617	49
Total	329	100	1,253	100

[1] Native American Interviewee

[2] Non-Native American Interviewee

"Children" were the focus of more health statements than any other group. Thirty percent of problems mentioned, and 21 percent of needs were related to "children." Other statements concerned mother/infant groups, infants, children of preschool age, teens, and adults; and 47 percent of statements of problems and 66 percent of needs or recommendations statements referred to an undefined age range.

Of all statements expressing needs or recommendations, 14 percent referred to health education and seven percent to environmental factors (family living conditions, roads, sanitation). The vast majority (79%) concerned health care delivery. A content analysis by BIA area is presented in Table III-3.

As can be seen in Table III-3, approximately one-third of the expressed needs and recommendations concerned staff and have to do with the need for more and better qualified personnel, and with the need for more Native American staff. The next most often mentioned category of need was for better services, e.g., medical, nutrition, alcohol, dental, and mental health services. Many other people spoke of needs for better facilities, more and more modern buildings, equipment and means of transportation (ambulances, or helicopters when the clinic or hospital is many miles away). Tallied under the heading of administration are needs and recommendations concerning record-keeping, interagency cooperation and coordination, general management of health care, and the delivery of services. Of course, the sheer number of needs as well as of problems expressed does not always communicate the intensity of feeling, nor the extremity of circumstance described. In some cases a relatively trivial need was expressed; in many instances, however, the problems and the needs indicated that basic services were not being given, fundamental needs not being met.

Table III-3

Statements of Health Care Delivery Needs/Recommendations

	Health Care Delivery Category									
BIA	Staff		Services		Facilities		Administration		Total	
Area	N	%	N	%	N	%	N	%	N	%
Aberdeen	21	32	30	45	5	8	10	15	66	100
Alaska	19	40	16	33	4	8	9	19	48	100
Albuquerque	18	34	18	34	11	21	6	11	53	100
Eastern	13	32	14	35	11	28	2	5	40	100
Navajo	28	23	28	23	37	31	27	23	120	100
Phoenix	37	36	22	26	14	17	18	21	85	100
Total	130	32	128	31	82	20	72	17	412	100

As mentioned earlier, the problems, needs, and recommendations stressed by our interviewees and those presented at the Indian Health Care Improvement Act hearings are highly congruent. In the context of this study the urgency of Native American demands is justified both by the extent of their health problems and by the enduring negative influence of poor health and health care on educational advancement, the development of job skills, and other areas of life. As has been pointed out:

> They have been unable to share in [societal] progress because they cannot compete without the skills demanded by a technological society. In addition, the delivery of medical and welfare services does not match their unique dependence upon such services. Poor health and education have established a vicious cycle of dependency on an inadequate system. To these considerations must be added the geographic and social isolation experienced by Native American groups, further limiting their opportunities and their impact on the consciousness of the majority.[1]

Because of the obvious interrelationship of problems and needs, governmental allocations for specific programs (in health, education, or whatever) are not the answer to specific needs. Comprehensive, coordinated programs embracing all aspects of Native American life must be developed and effectively implemented if any or all problems are to be redressed.

Implicit here is not only the basic need for open lines of communication among health, education, and other agencies but also the need for complete integration of Native and non-Native components in each program, that is, training and placing Native Americans in all fields, locally-relevant cultural orientation training for non-Native professionals who serve in Native American communities, and maximum use of Native language and methods in giving services to Native Americans. This could not help but promote community acceptance of and active involvement in the medical services available, which is the sine qua non of any self-determination program.

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[1] M. S. Read, W. M. Moore, & M. M. Silverberg, op. cit., p. 4.

IV. SOCIAL PROBLEMS AND ISSUES

When individual or group behavior comes into conflict with the rules and mores of the larger social group, such conflicts are called "social problems." In the case of the Native American population, the larger social group can be the Tribe and tribal institutions, or it can be the social institutions of the surrounding society, such as the State, or an agency of the Federal government, such as the Bureau of Indian Affairs. In this section we briefly describe some aspects of selected social problems which have a bearing on the lives of young children and their families: alcohol and drug use, child neglect and abuse, and arrangements for the care of children away from their families.

Alcohol Use and Abuse

Alcohol use among Native Americans has been the subject of considerable controversy and misunderstanding. Although numerous studies have attempted to document the prevalance and severity of alcohol consumption, variability among groups studied and the difficulty of interpreting definitions of alcoholism affect the credibility of the data as a whole.

As Westermeyer points out, for practical purposes alcoholism is usually defined operationally, that is, in terms of specific alcohol-related behavior which can be quantified and compared among populations,[1] rather than on the basis of vague criteria such as those given in the World Health Organization definition.[2]

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[1] J. Westermeyer. "The drunken Indian": myths and realities. Psychiatric Annals, 1974, 4, 29-36.

[2] According to the World Health Organization: "Alcoholics are those excessive drinkers whose dependence on alcohol has attained such a degree that it shows a noticeable mental disturbance, or an interference with their bodily or mental health, their interpersonal relations and their smooth social and economic functioning..." In E. P. Dozier. Problem drinking among American Indians. Quarterly Journal of Studies on Alcohol, 1966, 27, 72-87, p. 77.

Since the time it was used to lubricate fur trade and land sales by early white settlers,[1] alcohol has played a significant role in Indian life. As is noted elsewhere in this report, concern about the use and misuse of alcohol was expressed many times in the course of the interviews conducted in this study. Excessive use of alcohol often underlies a variety of social and medical problems. At the same time, it is now recognized that alcohol consumption is itself a symptom which can serve different functions for the individual or the group.

Until recently alcoholism was not considered by the IHS as an illness nor as a contributing factor to conditions resulting in death; death certificates listed only the immediate cause of death, such as accident, suicide or pneumonia.[2] Funds for treatment of alcoholism are still not provided by IHS, and efforts by other agencies have met with minimal success. According to testimony at the IHCI Act hearings in 1971, only one Bureau staff person is identified as an alcohol program specialist.[3] Also noted at the IHCI Act hearings was the fact that tribal leadership has been slow in coming to terms with the problem.

Deaths attributed to alcoholism have increased 71 percent from 1966 to 1973 among Native Americans, compared with a rise of 25 percent in the U.S. population as a whole.[4] Fatal accidents, the leading cause of death among Native Americans, most often occur in connection with the excessive use of alcohol. Cirrhosis of the liver, which accounts for half of the alcoholism deaths, is the fourth leading cause of death among Native Americans, while it ranks tenth in the general U.S.

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[1] M. L. Wax. Indian Americans. Englewood Cliffs: Prentice-Hall, 1971, p. 51.

[2] Statement of Orville Mestes, Secretary of the National Indian Board on Alcohol and Drug Abuse, Indian Health Care Improvement Act Hearings Before the Subcommittee on Indian Affairs, House of Representatives, Ninety-Fourth Congress, Serial No. 94-22. Washington, D.C.: U.S. Government Printing Office, 1975, p. 437.

[3] Ibid., p. 439.

[4] Alcoholism Deaths and Death Rates. Vital Events Branch, Office of Program Statistics, Division of Research Coordination, Indian Health Service, February 1975.

population.[1]

There is no question that alcohol presents problems for the integrity of the Native American family and community. Many of the people we interviewed spoke openly of the negative impact of alcohol in community life. They often linked alcoholism with social and economic problems. They regard it as a direct and indirect danger to their children, both because of its known role in child neglect and because of the negative role model provided by the alcoholic. The director of an emergency child care center on one reservation said that the vast majority of abandonment cases that reach the center are associated with alcoholism, and added that "as long as there is alcohol, we will continue this program."

Of the 337 statements about social issues, 177 or 52.5 percent dealt specifically with alcohol. This percentage was relatively consistent in all six BIA areas. Many interviewees spontaneously referred to alcohol as the "number one" problem in their communities. Many also pointed to the fact that drinking was itself a response to despondency over lack of jobs, poor housing, loss of identity--"Alcoholism is the most obvious problem, but it's just a result of other problems," as one Bureau social service worker said.

It is said that women often join their husbands in drinking, first to preserve the relationship, but in many cases, eventually becoming habitual heavy drinkers themselves. In such cases, the effects on children are more immediate and direct. A good deal of concern was expressed about the ever-younger ages when children started drinking, about families in which all members, even the younger children, joined the "party."

Almost every community had some kind of alcohol program, and both program staff and community members spoke of its inadequacies: not enough counsellors, not enough space or privacy for counselling, not enough funds, not enough community support. In those instances where there was a detoxification center in the community, staff bemoaned the fact that when the person came out of the center, he returned to exactly the same set of circumstances that had brought him there.

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[1] Indian Health Trends and Services, 1974 edition. Department of Health, Education, and Welfare Publication No. (HSA) 74-12,009, p. 31.

Some reservations and Alaskan villages have banned the sale and consumption of alcohol, and there are many who feel that such measures are at least a partial solution. On the one hand, when bars in an Alaskan village are closed, drinking is more likely to take place at home and alcohol-related accidents become less frequent. On the other hand, even though the bar is off the reservation, one can drive to it and accidents can occur on the way back.

Anthropologists and psychiatrists who have worked with different Indian groups point to the multiplicity of factors--economic, social, historical and political--which can influence drinking and drinking patterns.[1] Drinking, especially on the part of young men, is seen by Freeman, for example, as part of their normal development, tapering with age.[2] Westermeyer points out that Indians

> Living as they do in a political and economic state that is imposed and directed by non-Indian people...are subject to innumerable double binds, since Indian social systems and norms often conflict with those of the majority society. Faced with such dilemmas, the Indian drinker...can expect that other Indians will blame the alcohol, not the drinker, for the behavior. The same "drunken" behavior serves a complementary function among non-Indians: it advertises that the drinker can still "act Indian" in a way that the majority society cannot influence.[3]

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[1] See, for example, Dozier, op. cit., Westermeyer, op. cit., and N. O. Lurie, The world's oldest on-going protest demonstration: North American Indian drinking patterns. Pacific Historical Review, 1971, 40, 311-322.

[2] D. Freeman. Adolescent crises of the Kiowa-Apache Indian male. Cited in J. Allen, The Indian adolescent: psychosocial tasks of the Plains Indian of western Oklahoma. American Journal of Orthopsychiatry, 1973, 43, 368-375, p. 371.

[3] Westermeyer, op. cit., pp. 34-35.

The fact is that alcohol can serve many different functions for the individual and group. Although it may be adaptive in some ways, it can and does contribute to a downward social and economic spiral for the individual or group. The alcoholic is unemployable; while on a drinking spree, his or her children may be neglected and removed to boarding schools or welfare placements; such experiences are likely to induce more drinking.

Current drinking practices among men, women and children reflect social malfunction that is increasing rather than decreasing. Another sign of this malfunction is that drug use, in particular gasoline and glue sniffing, is on the increase among children. Kaufman studied the incidence of gasoline sniffing among school children (N=72) in one of the Pueblos.[1] The majority of children stated that they had sniffed gasoline at least once; many were repeated users of this quick, cheap, and easily available form of intoxication. In our study, 21 percent of the interviewees commenting on social issues cited drug use, including gasoline and glue sniffing as community problems. One person had observed gasoline sniffing among four-year-olds.

Alcoholism is a highly visible problem. As Westermeyer points out, however, there is a danger that "if alcoholism is focused on as the biggest problem, urgent political and economic issues may be ignored. This is especially true because much of what is done regarding alcoholism is done at the individual level, ignoring important social, cultural, and intercultural problems."[2]

Present programs have made few inroads against alcoholism on reservations or in Alaska. The ineffectiveness of the programs has been attributed to several factors: the lack of financial support for such programs, the inadequate number of counsellors, and the fact that the social conditions and personal anxieties that have pushed the individual from social, or occasional binge drinking into chronic or uncontrollable drinking remain unchanged. Tribal involvement in the programs is, of course, very important. But there is another consideration which is that current alcohol programs are almost invariably oriented only towards treating the individual alcoholic. Not only do they have no power to affect the larger social scene, they do not include the family of the alcoholic in the treatment program.

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[1] A. Kaufman. Gasoline sniffing among children in a Pueblo Indian village. Pediatrics, 1973, 51, 1060-1064.

[2] Westermeyer, op. cit., p. 30.

Treatment of alcoholics in other populations have, in recent years, shifted from a therapeutic focus on the individual to working with the family of the alcoholic.[1] This shift is based on the recognition that the family is not merely a convenient sociological unit, but a psychological system. All the people in the family play a part in relation to each other, and illness of one family member affects the equilibrium of the family system and changes the patterns of interaction.[2] The alcoholic can have a demoralizing effect on other members of the family. Or, family equilibrium can shift so that the other spouse or older children can take over the alcoholic member's role, but when the alcoholic is sober, family patterns are again in disequilibrium. Working with the families of alcoholics has the additional advantage of bringing therapeutic help to a population desperately in need of mental health services.[3] This relatively new extension of the techniques of family therapy also has implications for another facet of the problems associated with alcoholism--the fact that so many children of alcoholics become alcoholics themselves. This is well documented in the literature on alcoholism[1] and was also noted by several people interviewed in the course of our study. The Director of the Alcoholism Program in Mescalero, for example, believed that nearly all children with alcoholic parents end up with drinking problems by the time they are 15.

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[1] N. Brozan. For every alcoholic, three or four others are direct victims who need help. New York Times, March 3, 1976; M. Bowen. Alcoholism as viewed through family systems theory and family psychotherapy. Paper presented at Annual meeting of the National Council on Alcoholism, Washington, D.C., April 3, 1973; D. E. Meeks & C. Kelly. Family therapy with the families of recovering alcoholics. Quarterly Journal of Alcohol Studies, 1970, 31, 399-413.

[2] S. Minuchin. Families and family therapy: a structural approach. Cambridge, Mass.: Harvard University Press, 1974.

[3] C. Dulfano. Alcoholism in the family system. Unpublished paper, 1975 (mimeo).

From the point of view of this project, the crucial significance of excessive drinking lies in its impact on family life; it takes its toll not only on the drinker, but also on members of his or her family. It is a major precondition for the fact, or the inference, of child neglect, and a primary rationale for the separation of children from their families.

The Separation of Families and Children and Family Dysfunction

The Native American family system has been and is subjected to enormous economic, social and cultural pressures. Although the traditional extended family exists in many places, and kinship ties remain strong, from our interviews and observations as well as from the literature, it is clear that the old ways are not so powerful or widespread as they once were. Many speak of the erosion of the extended family. Nevertheless, the concept and the memory of the extended family has a strong hold on the ideology of the Indian and Eskimo people. Respect for one's elders, diffusion of responsibilities, giving young children responsibility and the authority that goes with it, are still viable aspects of Native American life. Family structure is not like that of middle-class American society. The clash of cultures is nowhere felt so sharply as in the struggle over family responsibilities for the care and well-being of children.

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[1] See, for example, H. Hoffman & A. A. Noem, Alcoholism and abstinence among relatives of American Indian alcoholics. Journal of the Study of Alcohol, 1975, 36, 165. In this study it was found that among hospitalized alcoholics of one tribe, 27 percent of their mothers and 49 percent of their fathers had also been alcoholic, compared to five percent and 24 percent respectively in a comparable white sample.

All families are assumed to be responsible for the care of their children, and the right of the family to raise children in its own ways is respected under law, except in certain circumstances which must be specified by law. These are: if the child is abandoned or orphaned, neglected, or abused, or has engaged in illegal acts. The principle that governs the intervention of the law or of a Federal or State agency in family life is that the intervention is in "the best interests of the child." In the past few years there has been growing uneasiness with the various ways in which this principle has been interpreted, and with the vagueness as well as implicit biases of some interpretations.[1] At the same time, the idea that children have rights which may not always be identical with those of their parents (or the State) has led to a re-examination of many established legal practices.[2]

Many factors have contributed to the development of the idea that children, too, have rights. The principle of child rights is an important consideration in child neglect and abuse, which has turned out to be much more prevalent than anyone might have thought possible in our society. The first nationwide epidemiological survey, conducted in 1967, identified approximately 6,000 cases of abuse.[3] Today, rates are estimated to range from 60,000 to 1.5

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[1] J. Goldstein, A. Freud, & A. J. Solnit, Beyond the best interests of the child. New York: The Free Press, 1973.

[2] H. Rodham. Children under the law. Harvard Educational Review, 1973, 43, 487-514. See The rights of children, Parts I and II. Harvard Educational Review, 1973, 43 (4), and 1974, 44 (1).

[3] D. G. Gil. Violence against children: physical child abuse in the United States. Cambridge, Mass.: Harvard University Press, 1970.

million for child abuse, and rates for neglect are unknown.[1] The scope of child abuse and child neglect in the general population, and in any subpopulation, is difficult to ascertain both because lay and professional people are loath to report cases, and because there are differences in definition of what the terms mean.

Child abuse exists when "any child...receives nonaccidental physical injury (or injuries) as a result of acts (or omissions) on the part of his parents or guardians that violate the community standards concerning the treatment of children."[2] Neglect relates to a broader range of situations including the deprivation of food, clothing, shelter, and parental love and attention.

The abuse and neglect of children is both a psychological and a sociological phenomenon. In the population as a whole, neglect and abuse are correlated with poverty, unemployment, especially of fathers, and with a history of experience of abuse or neglect.[3] In the Native American population, poverty and joblessness are the norm and, as we have just noted, excessive drinking is a serious problem, so we might assume a high proportion of cases of neglect and abuse. Most informed persons agree that there is little abuse of children but a growing, although unknown, amount of child neglect among Native Americans in almost all tribal groups.

Child neglect and abuse in Native American communities are best understood in the context of Native American social structure and child-rearing practices. Wax describes the social structure of the Indian community as "characterized by a social structure that is egalitarian and that is tightly integrated, yet informal."[1] Clusters of extended families function as small local communities. Children raised in these kin groups spend much more time with their peers than with their parents. Often three generations live together, and grandparents and others in the community may take a more active role in child-rearing than parents. In general, the child may therefore have many adults who can serve parenting functions, and the autonomy of the child and the peer group is respected and encouraged by adults. This, however, is the kinship network that has been so severely weakened. If this social structure were still intact, there would be no child neglect. On the other hand, ignorance of kinship patterns can lead to overestimating the incidence of child neglect in communities where relatives outside the nuclear family share in the child's care. Social welfare agencies have often ignored or not taken advantage of the potential support which the extended family offers.

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[1] R. D. Parke & C. W. Collmer. Child abuse: an interdisciplinary analysis. In E. M. Hetherington, J. W. Hagen, R. Kron, & A. H. Stein (Eds.), Review of child development research, Vol. 5. Chicago, Ill.: University of Chicago Press, 1975, pp. 509-590.

[2] Ibid., p. 513. See also Public Law 93-247, Child Abuse and Neglect Act, January 31, 1974.

[3] R. D. Parke & C. W. Collmer, op. cit.

When people we interviewed spoke of the neglect of children, they were not usually applying a formal criterion of neglect, but meant, simply, that parents weren't looking after their children properly. Usually, alcohol and the weakening of the extended family were taken to be the precipitating factors in child neglect. The two age groups that were singled out as more likely to be considered neglected were very young children and adolescents. Neglect of young children affects their physical health especially. As a pediatrician in Arizona said, neglect may be subtly expressed, through unusually frequent illness, developmental lag, and malnutrition--brought about, for example, by a prolonged milk diet in infants old enough to tolerate solid foods. "Failure to thrive" is often the admitting diagnosis for hospitalized infants.

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[1] M. L. Wax. Social structure and child rearing practices of North American Indians. In W. M. Moore, M. M. Silverberg, & M. S. Read (Eds.), Nutrition, Growth and Development of North American Indian Children. Department of Health, Education, and Welfare Publication No. (NIH) 72-26. Washington, D.C.: U.S. Government Printing Office, 1972, pp. 203-208.

The neglect of adolescents can also be subtly expressed, when parents or other adults in effect opt out of the parenting role. A number of people we spoke to were concerned about adolescents: parents don't know how to handle them, are afraid of them, feel overwhelmed by them, and don't give them any guidance or advice. Ambivalent feelings and a certain amount of friction between adolescents and parents are pretty much the norm in American society, where adolescence is a notoriously stormy time of life. The situation may be even more complicated in Native American culture, however. As noted in later discussions, there are different opinions between generations about where young people should go to high school, whether close to home or to distant boarding schools. Such intergenerational frictions are likely to be exacerbated in times of social change. In addition, so many Indian and Eskimo parents spent their own adolescent years away from home in boarding schools, that they may have no model of family life, no personal experience to draw on in developing relationships with their own adolescents.

As already mentioned, there is very little physical abuse of children in Indian and Eskimo communities. In American culture, child abuse is thought to be linked to approved uses of physical force against children.[1] In cultures in which physical punishment is not used as a disciplinary technique, child abuse is rare,[2] and most North American tribal groups do not sanction the use of physical force in child-rearing. In developing their proposal for a Choctaw Center on Child Abuse and Neglect, the Choctaw attribute the low incidence of abuse to rural isolation which has permitted the preservation of traditional tribal values.[1] The Department of Health, Education, and Welfare has recently funded five pilot demonstration projects which will offer preventive and treatment services to families, protective services to children, as well as recruitment of and support to Native American foster families.[2] The focus of these programs is on the prevention of child neglect and abuse, and on a child advocacy program.

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[1] Gil, op. cit.

[2] Parke & Collmer, op. cit.

There is also a great need for community facilities for children. In several communities, children whose parents were alcoholic or ill had to sleep in the local jail because there was no facility to accommodate them. The Cherokee Boys' Club operates a tribally funded home for neglected or orphaned children, and other tribal groups are developing tribal youth homes,[3] but many more are needed.

Federal or State agencies intervene in family life when normal family and community support systems fail. The Bureau administers a social services program, one function of which is to

> provide child welfare assistance and services when these are not available from established child welfare agencies, including arrangements for the protection and care of dependent, neglected, and handicapped children, planning for adoption, and securing appropriate institutional care....During fiscal year 1974, a monthly average of approximately 3,600 children received child welfare assistance in the form of foster or institutional

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[1] Proposal for a Choctaw Center on Child Abuse and Neglect, April 28, 1975.

[2] The demonstration grants have been given to: Cook Inlet Native Association, Anchorage, Alaska; Montana Department of Social and Rehabilitation Services, Helena, Montana; John Red Horse, Minneapolis, Minnesota; Mississippi Band of Choctaw Indians, Philadelphia, Mississippi; and Project Ku nak we sha', The Yakima Indian Nation, Toppenish, Washington.

[3] See J. H. Shore & W. M. Nicholls, Indian children and tribal group homes: new interpretations of the Whipper Man. American Journal of Psychiatry, 1975, 132, 454-456.

care or for special needs.[1]

The provision of foster care and arrangements for adoption of Native American children is perhaps the most explosive issue in Native American family life. In April 1974, Senator James Abourezk of South Dakota opened Senate hearings on Indian child welfare "to begin to define the specific problems that American Indian families face in raising their children and how these problems are affected by Federal action or inaction."[2] Senator Abourezk went on to point out that

> a minimum of 25 percent of all Indian children are either in foster homes, adoptive homes, and/or boarding schools, against the best interest of families, tribes, and Indian communities. Whereas most non-Indian communities can expect to have children out of their natural homes in foster or adoptive homes at a rate of one per every 51 children, Indian communities know that their children will be removed at rates varying from 5 to 25 times higher than that.[3]

There are striking differences in placement rates for Native American and non-Native children in some states. For example, 40 percent of adoptions in South Dakota made by the State's Department of Public Welfare since 1967-68 are of Indian children, who make up only seven percent of the juvenile population.[4] The testimony at the hearings points up the fact that State agencies, charitable groups, religious organizations, the Bureau of Indian Affairs, the Department of Health, Education, and Welfare, and individuals with missionary or personal motivations have been applying a narrow and ethnocentric standard in determining "the best interests of the child."[1] The criteria that social workers have used to demonstrate parental neglect include lack of plumbing, overcrowding, simply the fact of poverty or, at the extreme, the "unsuitability" of the Indian reservation as an environment for bringing up children.[2]

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[1] Information about...Social Services Program, Bureau of Indian Affairs, 1973, 1974. In addition to the child welfare program, the Social Services Program "provides financial assistance to needy Indian families living on reservations when employment is not available and when such assistance is not available from other sources"; it provides family counselling, financial counsel, and serves as liaison with other welfare agencies and tribal programs.

[2] Indian Child Welfare Program, Hearings before the Subcommittee on Indian Affairs, of the Committee on Interior and Insular Affairs. United States Senate, Ninety-third Congress, Second Session, April 8 and 9, 1974, p. 1.

[3] Ibid.

[4] Ibid., statement of William Byler, p. 16.

This situation illustrates the way in which social policies, which were originally designed to serve the best interests of children and families, can go awry. Federal inter-agency guidelines for placing children in foster homes (or family day care homes) did not take into account the realities of life on Indian reservations and in Alaskan villages. The standards reflect a middle-class notion of a proper environment for children, and when taken together with a pervasive belief that Native Americans are better off when brought into mainstream American life, the result is that the great majority of Indian children are placed in non-Indian homes.

The American Academy of Child Psychiatry, in a position paper on the placement of American Indian children, states:

> There is much clinical evidence to suggest that these Native American children placed in off-reservation non-Indian homes are at risk in their later development. Often enough they are cared for by devoted and well-intentioned foster or adoptive parents. Nonetheless, particularly in adolescence, they are subject to ethnic confusion and a pervasive sense of abandonment....Consequently, these problems combined with their untoward early childhood replacement experiences adversely affect their young adulthood and their own potential capacities as parents.[3]

When children are placed in foster homes, there is very little follow-up, and sometimes none. A Mescalero Apache woman who cared for seven foster children said that the social worker had never followed up on the children after placing them. The social worker had told us that one of the greatest problems was that there was no time for follow-up. Indeed, the Bureau's official information handout on Social Service Programs states: "It must be admitted that it has not been possible to provide sufficient and adequate counselling and guidance services because, with the insufficient number of social work staff, caseloads have been too high to permit the degree of individualized attention necessary."[1] It should also be noted that many Bureau and other social workers interviewed were perceptive and sophisticated. One Bureau social worker in Alaska, for example, told us that, at all costs, they try to place children locally, and that they try to place siblings together. One of the greatest problems is to find foster homes which can accommodate large groups of siblings. A State social worker in Alaska told us that children are removed from their parents only if the parents cannot maintain the home, or if the children are in danger at home.

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[1] Ibid., pp. 19-20.

[2] Ibid.

[3] C. E. Mindell & A. Gurwitt. The placement of American Indian children--the need for change. A position paper for the American Academy of Child Psychiatry, Adopted January 25, 1975 (mimeo).

The decision to remove a child from his or her home has ramifications for the family as well as for the child. Shore and Nicholls, commenting on a child welfare program among a tribe of Plateau Indians, say:

> In our clinical experience on this and other Indian reservations, we have encountered a sense of hopelessness and despair in working with Indian parents about the problems of alcohol misuse and child neglect. Once placement of the children has been initiated, Indian parents often withdraw, become depressed, and begin or resume intensive drinking. This process is interpreted by the non-Indian outsider as further lack of concern for the children and as additional evidence of instability.[2]

Thus, the problems are compounded. The issues involved go beyond the policies of the Bureau of Indian Affairs. They involve State welfare agencies, tribal groups, charitable groups and proselytizing religious groups, particularly the Mormon Church. But the Federal government's policies, actions and lack of action are crucial here. The Bureau and the Department of Health, Education, and Welfare both expend substantial amounts of money to subsidize foster care.

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[1] Information about...Social Services Program, op. cit., 1973, 1974.

[2] Shore and Nicholls, op. cit., p. 455.

A number of interested organizations have made thoughtful and comprehensive recommendations for developing new codes, criteria and legislation that would more adequately serve the welfare of Native American children.[1] A comprehensive concept is extremely important because of the connections between issues and actions considered to be the province of social service organizations and those thought to be the business of education, specifically the boarding schools. Boarding schools are discussed elsewhere in this report (see Section VIII), but must be mentioned here because they serve as an institutional facility for children whose parents cannot care for them, or who are wards of the court, as well as for children who live in areas where there are no other schools. The boarding school population, therefore, represents a sizable proportion of the 25 percent or more of Native American children who are not living with their families. The American Association on Indian Affairs estimates that "approximately 76 percent of the enrollment in boarding schools are there for 'social reasons' or 'because they are not able to get along with others.'"[2]

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[1] See C. E. Mindell & A. Gurwitt, op. cit.; J. Goldstein, A. Freud, & A. J. Solnit, op. cit.; Legislative recommendations (regarding child-welfare), Indian Family Defense, Bulletin of the Association on American Indian Affairs, Inc., Winter 1974, No. 1, pp. 4-5. (The Association has also drafted a model child-welfare code.); North American Indian Women's Association. Prototype Program for a National Action for Special Needs of Indian Children Program, December 15, 1973. In Indian Child Welfare Program, Hearings, op. cit., pp. 260-366.

[2] Progress on boarding schools, Indian Family Defense, op. cit., November 1975, p. 1.

Clearly, there is an urgent need for a thorough and coordinated revamping of policies that lead to removing children from their families. What is required are new criteria, adapted to the particular circumstances and cultural practices of different Native groups, for placing children in foster care, for selecting foster parents, for adoption, as well as for sending children to boarding schools. There must be a coordination among Federal, State, and independent agencies.[1] Equally important, there needs to be provision for following up on placement, giving guidance and counselling and supportive services both to the children and the foster or adoptive parents. Tribal courts and education committees must have a decisive role in these policies. What is at issue here is not only the present well-being of individual children and their families, but the ways in which many members of the younger generation of Native Americans are being prepared to take on responsibiiities for the next generation.

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[1] Although law enforcement is outside the province of this study, legal and jurisdictional issues are related to certain aspects of children's welfare. In our interviews, dissatisfaction was often expressed with law enforcement on reservations. Whether law enforcement agents should be members of the same tribal group they were serving was one question. It is not easy to arrest a member of one's own clan or kin group. Further, the victim of a crime may not wish to testify for the prosecution because of a relationship to his assailent. Another complaint we often heard was that law enforcement agents were inexperienced and illtrained. In some communities we visited, law enforcement was said simply not to be working. In addition, we were sometimes told that there was no juvenile code or no separation between juvenile and criminal jurisdiction. Separate facilities for juveniles and adult criminals in jail were rare. As one judge said, "We throw little kids into jail and they think they are criminals and when they get out they react as such."

V. EMOTIONAL PROBLEMS AND MENTAL HEALTH ISSUES

This section begins with a survey of mental health services, proceeds to an examination of emotional problems and symptom patterns and concludes with an overview of studies of self-description and self-concept.

Mental Health Services

In 1964, in anticipation of the tenth anniversary of the formation of the Indian Health Service, a conference organized by the Association on American Indian Affairs called for the beginning of mental health services under the auspices of IHS. As a result, in 1965, the first Mental Health Program sponsored by IHS was instituted at Pine Ridge. By 1967, less than a decade ago, the total budget for IHS mental health services was $200,000. It provided for mental health teams in the Aberdeen and Navajo areas and paid for six staff salaries. By 1973, the annual budget for IHS Mental Health Programs had grown to three million dollars and supported 197 positions.

In their comprehensive assessment of mental health services delivered by IHS, Attneave and Beiser provide some historical notes.[1] They indicate that before Mental Health Programs were established by the IHS, a handful of social workers dealt with the mental health needs of the Native American community. They focused on the needs of tuberculosis patients and their families, social aspects of maternal and child health problems, and aged, handicapped or abandoned medical care recipients. In 1967, an assessment of the health care needs of Indian people identified as special mental health problems, alcohol, accidents and violence, and child abandonment. The assessment called for an epidemiological study:

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[1] C. L. Attneave & M. Beiser. Overview and Recommendations: Service Networks and Patterns of Utilization, Mental Health Programs, Vol. 9, Indian Health Service, Harvard School of Public Health, 1976.

> From a review of recent studies made by social scientists and psychiatrists and from the study of specific incidents, it should be possible to determine the elements in Indian culture, non-Indian culture, and local circumstances which combine to create tension, conflict, and frustration....From the mental health point of view, there is no simple answer to the problems such as excessive use of alcohol, high accident rates, child abandonment, and poor social and school adjustments. However, these problems might be approached more profitably from the point of view of symptoms which are the result of tension, unrest, frustration, and changing values, rather than as disease entities or single problems. To be effective, any mental health program must be an integral part of a total program meeting approval of tribal leaders.[1]

Three areas of unresolved conflict marked deliberations of the 1964 AAIA conference, which called for establishing Mental Health Programs within the IHS. They were: (1) the need for basic epidemiological information--whether or not a mental health program should be initiated without additional epidemiological information to guide its planning; (2) whether the programs should be treatment-centered and staffed mainly by psychiatrists or broadly conceived in terms of community mental health issues employing a variety of consultations and community-based approaches concerned with both prevention and treatment; and (3) the degree of involvement of Indian communities and leadership in planning and implementing mental health programs. As will be seen, these issues remain among the most salient confronting the IHS today.

The services currently provided by the IHS Mental Health Programs are delivered in 17 Western states which are administratively divided into eight major areas and two sub-areas which roughly correspond to the Bureau of Indian Affairs administrative divisions. In 1974, services were also extended to the Southeastern states (Choctaw in Mississippi, Cherokee in North Carolina, and

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[1] Health Services for [illegible] erican Indians. PHS Publication No. 531.

Seminoles and Miccosukee in Florida). Service units may be hospitals, clinics or health centers. Clinics are limited to outpatient services. Health centers are often established in connection with BIA schools but may also offer services to local Indian groups and are sometimes set up to serve more remote locations. Outreach programs which entail case-finding and the giving of aftercare are carried out by mental health paraprofessionals. With the exception of Anchorage and Window Rock areas, inpatient care for the mentally ill must be formally arranged with the nearest local facility.[1]

The Indian Health Care Improvement Act now before Congress includes provision for expanding the IHS Mental Health Program. The new programs proposed by the bill identify areas of highest priority which are briefly discussed below.

1. Community Mental Health Services

While there continues to be pressure to expand psychiatric services along traditional treatment-oriented lines, vigorous objection has been raised to allowing the limited available professional resources to be given over to administrative duties, treatment of the chronically ill, and response to crises and emergencies. This issue is usually resolved by assigning psychiatrists to clinical responsibilities and having staff from other disciplines, such as social work and psychology, work on community-oriented prevention programs.

But, increasingly, mental health specialists have been turning their energies to prevention. Emotional disorders are too painful and disabling and their treatment is too costly and unreliable to deal with them only after they are fully developed. Only a preventive approach to mental health has the potential for fully meeting a community's mental health needs. Preventive programs strive to identify problems early so that they can be dealt with while they are still incipient, and to forestall the conditions, for example, emotional deprivation, trauma, which give rise to mental health problems in the first place. Clearly, the comprehensive early education program recommended in this report represents a major effort at prevention.

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[1] This process is complicated by the fact that in many states, Indians are not eligible for treatment in state-supported facilities.

One example of a community mental health program concerned with prevention was the Olympic Mental Health Center in Bremerton, Washington. The goals of this mental health center were to improve community relations with the local public school, change negative stereotypes of Indian people held by non-Indians in the surrounding area, provide consultative services to physicians in the area who must deal with a great many psychosomatic disorders, arrange for psychological consultation in the schools, obtain more stable and supportive foster care of children, and offer parent education in child care.[1] Unfortunately, this unit was unable to continue its operation beyond the first years because of lack of funding.

2. Inpatient Programs

As previously noted, there are only two inpatient wards out of more than 90 IHS Mental Health Service Unit programs. In all but the Anchorage and Window Rock areas, patients who need hospitalization must obtain a bed in the general medical service unit for a short period or use private, State or community mental health systems generally used by non-Indian patients. Thus, most patients who require hospitalization are placed in local facilities that do not adequately meet their needs, or they are sent to remote installations, in a non-Indian milieu, where they are beyond visiting distance from family and friends. Current IHS plans call for the expansion of inpatient facilities to meet the specific needs of each IHS area.

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[1] D. L. Johnson & C. A. Johnson. Community mental health planning with Western Washington Indian villages. Final report to the Olympic Mental Health Center, University of Houston, Houston, Texas, 1968.

3. Boarding School Dormitories

In keeping with its concern for prevention, the IHS mental health staff has turned its attention to the adverse psychological effect of living conditions which prevail in most boarding schools. A special grant to the Toyei Boarding School administered through the Mental Health Program demonstrated how an increase in the adult-child ratio and the introduction of changes in how the dormitory staff functioned and related to the children could have measurable impact upon the children living there (for further discussion of this program, see pp. 176-183). Indeed, the conditions in boarding schools are considered so potentially harmful that the Task Force on Indian Affairs of the American Psychiatric Association has taken an editorial position:

> The central problem is that children living without parents are not provided with anyone else. In almost all Federal Indian boarding schools, the staff of the dormitories is so small that there is little opportunity for children to form meaningful relationships with any adults. The children stay in large, barren buildings where the ratio of students to the adults caring for them is 80 to one or worse. Obviously no one, no matter how good his skills or intentions, could be an adequate surrogate parent to so many at once. In fact, it is doubtful that a single person can do an adequate job of providing for even the physical health and safety of that many children.[1]

4. Residential Treatment Facilities

As local school facilities become more available, fewer children are being sent away to boarding schools for reasons of geographic isolation. Boarding schools have become repositories for children who cannot be cared for at home or have been removed from their local school because of a failure to adjust to it. Since boarding schools, as presently constituted, are ill-equipped to deal with children who have emotional problems, the Mental Health Programs unit would like to convert some of them into residential facilities providing socially and emotionally therapeutic environments for these children.

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[1] M. Beiser. A hazard to mental health: Indian boarding schools. American Journal of Psychiatry, 1974, 131, p. 305.

5. Training Traditional Indian Practitioners

In order to bring about an exchange of knowledge and technique between traditional Indian practitioners and professionally trained psychotherapists, the IHS seeks to establish a training program for traditional healers. In a recent issue of Psychiatric Annals devoted to the analysis of mental health problems of the American Indian, almost every contributor dwelled on the non-Indian physician or psychotherapist as an outsider, with limited perspective, insight and, above all, communicative ability. Virtually every paper ends with the recommendation that Native Americans should participate more fully in planning and giving mental health services in their communities. Bloom and Richards suggest that the migrant professional be replaced with a local person in order to obtain bilingual staff.[1] Jilek questions the effectiveness of conventional treatment administered by non-Indian therapists.[2] In his analysis of the psychotherapeutic implications of the spirit dances of the Salish Indians, he concludes that indigenous treatment procedures are more effective than Western methods of therapy.

In exploring the role of the paraprofessional, Bergman asserts that patients are more willing to talk about their suspicions and dissatisfactions to an Indian mental health worker than to a non-Indian physician.[3] He questions the efficacy of institutional care, emphasizing that state hospitals are inappropriate for

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[1] J. D. Bloom & W. W. Richards. Alaska Native Regional Corporations and Community Mental Health. Psychiatric Annals, 1974, 4, 67-75.

[2] W. G. Jilek. Indian healing power: indigenous therapeutic practices in the Pacific Northwest. Psychiatric Annals, 1974, 4, 13-21.

[3] R. L. Bergman. Paraprofessionals in Indian Mental Health Programs. Psychiatric Annals, 1974, 4, 76-84.

Indian patients who will be far from home and are likely to be completely misunderstood. He describes a situation in which the staff of one state hospital had to rely on a mentally retarded schizophrenic boy as their only interpreter for 20 Indian patients who did not speak English.

In advocating an expanded role for Native American paraprofessional mental health workers, Bergman singles out the fact that both Navajo medicine and psychoanalysis have "a concept of unconscious mental processes and a coherent, ordered method of establishing intense helpful relationships." He nevertheless sets limits on the responsibilities which should be assigned to paraprofessionals, focusing on practical skills required in a mental health program.[1] He views paraprofessionals as lacking the planning and teaching skills to provide leadership; the latter role is one he believes that medicine men can fill more effectively.

Attneave discusses the conflicts and the loneliness of the progressive-minded mental health worker who cuts himself off from the more conservative non-Indian community, but whose own fear of intruding keeps him from relating to Indian families.[2] If he identifies with the Indian pattern of accepting people as they are, a stalemate is established. To avoid this impasse, Attneave calls for a policy which combines the strengths of the non-Indian professional with those of the traditional Indian healer.

In their assessment of service delivery and program development in IHS, Attneave and Beiser cite a series of issues which are for the most part continuous with previously expressed concerns.[3] They include:

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[1] R. L. Bergman. Navajo medicine and psychoanalysis. Human Behavior, 1973, 8-15.

[2] C. L. Attneave. Medicine men and psychiatrists in the Indian Health Service. Psychiatric Annals, 1974, 4, 49-55.

[3] Attneave & Beiser, op. cit.

1. Need for epidemiological data
2. Adaptation and integration of mental health services with traditional and indigenous cultures and practices
3. Balance between direct and indirect mental health services
4. Mental health consultation activities to other IHS staff
5. Mental Consultation to agencies external to IHS
6. The development of services for special populations and problems--children, boarding school youth, aged, families and family therapy, the retarded, children with hearing loss and deafness, visual handicaps and blindness and other physical handicaps, alcoholism and alcohol abuse, drug abuse and inhalants, accidents, violence and suicide.

Attneave and Beiser emphasize the advantages of early identification of emotional disorders. They point to the haphazard quality of mental health services available to children. Relatively few professionals trained to work with children are available in Indian communities. Given the basic difficulties associated with identifying emotional disorders in children, the problem is further complicated by the oft-cited observation that Native Americans are unusually accepting of an individual's disability. When the distinctive features of a disability are not labeled as such by members of the community, the incidence is difficult to establish. Preliminary data obtained from the Office of Child Development (IMPD) indicate that of 379 Indian children in Head Start who were diagnosed as having at least one or more legislatively defined handicapping condition, 42 (11%) were found to have a serious emotional disturbance. This figure, while somewhat higher, is in close correspondence with the proportion of all handicapped children in Project Head Start who have been designated as emotionally disturbed (7.21%).[1] On the other hand, the Director of an early education program in one Indian community we visited said that the major problem of the preschool children was emotional. It is noteworthy that none of our observers saw an instance of a child manifestly troubled or unhappy over separation during our visits to numerous preschool programs. Other signs of tension, such as nail biting, were also seldom observed.

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[1] D. Mastrapasqua. Personal communication, April 1976.

Emotional Problems and Symptom Patterns

Until a definitive epidemiological study long sought by mental health specialists who work with Native Americans is undertaken, information regarding the nature and distribution of mental illness among Native Americans will be fragmentary and unreliable.

In his discussion of psychiatric epidemiology among American Indians, Shore emphasizes the need to judge pathology within a cultural framework.[1] For example, after a death in the family, auditory hallucinations are experienced as an expression of grief among certain Indian people. To the unknowing, such behavior could appear to be psychotic. In his study of a Northwest Indian tribe, Shore found that the most common psychiatric disturbances were alcoholism, depression and anxiety, and psychophysiological reactions. The relatively high incidence of duodenal ulcer, especially among the women of this particular tribal group, suggests the possible existence of tribe-specific symptom patterns. Shore also found that the greatest psychiatric impairment occurs in the lowest Indian social class groups. He cautions that many surveys may not even reach these more isolated and remote members of tribal society and thus fail to include them in their sampling. Indeed, Bloom and Richards acknowledge, in their description of mental health programs in Alaska, that while they know something about mental health problems of the people in the cities and towns, they know little about the problems of those in the villages.[2]

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[1] J. H. Shore. Psychiatric epidemiology among American Indians. Psychiatric Annals, 1974, 4, 56-66.

[2] J. D. Bloom & W. W. Richards, op. cit.

In reviewing findings obtained with various screening devices, Shore warns that standard methods of psychiatric screening may be valid for some tribal groups but not for others. He reminds us that inappropriate screening has in the past led to large numbers of Indian children having been incorrectly categorized as mentally defective.

Addressing himself to the mental health problems of all Native Americans, Shore terms alcohol abuse as the most significant health problem. He cites depression as a formidable problem in many communities. The incidence of schizophrenia conforms to expected epidemiological patterns. Interestingly, Shore claims that manic-depressive illness is absent among American Indians. He concludes, as do all other contributors to the Psychiatric Annals issue, that psychiatric epidemiology needs to be defined in the context of the Indian culture.

Occasional reports of the high incidence of suicide in particular Native American communities have given rise to the impression that suicide is pervasive among Native Americans. The growing literature reports a more refined analysis and emphasizes two important facts: The incidence of suicide in Native American communities varies widely according to region and tribal group and, where suicide does in fact occur more frequently, it is associated with a number of social and economic factors. Assessing the frequency of suicide is further complicated by the fact that accident deaths among Native Americans, which are disproportionately high, may well account for many additional acts of self-destruction.

In a discussion of the concomitants of suicide, May and Dizmang speculate that the stronger the pressure to acculturate and the more rapid the social change, the higher the incidence of self-destruction.[1] They also find an association between an unstable and chaotic family background and high suicide rate. They point, also, to unpredictability of life events and experience of loss in family as important antecedents to suicide.

The pattern of tribal variation in suicide shown by Shore and others is paralleled by the findings of Levy and Kunitz, who report a correlation between Indian homicide rates and the level of social integration for different tribes.[2] The agricultural and pastoral tribes of the Southwest have a low homicide rate, while those of intermountain West and Great Plains show a comparatively high rate.

Analysis of the age at which suicide occurs has prompted Havighurst to conclude that the overall suicide rate for Indians and non-Indians is less disparate than is the age at which suicide occurs. The suicide rate among adolescents and young adults is much higher among Indians than among non-Indians, but this pattern is reversed at older ages.[3]

Surveying the sharp variation found among Native American groups in the incidence of suicide, Shore calls for the identification of high risk tribal groups and of subpopulations within tribal groups in order to concentrate efforts of prevention. But he concludes his review on a pessimistic note:

> It is clear that crisis intervention and counseling services alone will not resolve problems for high-risk families. In addition, although the so-called acculturation pressures may play a role, long-standing cultural and historical influences

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[1] P. A. May & L. H. Dizmang. Suicide and the American Indian. Psychiatric Annals, 1974, 4, 22-27.

[2] J. E. Levy & S. J. Kunitz. Indian drinking: Navajo practices and Anglo-American theories. New York: Wiley, 1974.

[3] R. J. Havighurst. The extent and significance of suicide among American Indians today. Mental Hygiene, 1971, 55, 174-177.

> that possibly affect suicide patterns in specific tribes may be far more resistant to change than we have previously acknowledged.[1]

In virtually every examination of the mental health of Native Americans, cultural conflict is seen as the primary cause of emotional disorders and as a major impediment to effective treatment. May and Dizmang speak of the social disorganization wrought by forced change and the breakdown of traditional sociocultural systems,[2] speculating that the pressure to be like everyone else and the pressure to remain an Indian creates cultural conflict so intense that it may lead to self-destruction. Meyer speaks of the rapid change experienced by Indian people between rigid conservatism characterized by adherence to traditional values and life-styles and the wide swings toward the dominant culture, with its vigorous moves toward acculturation, urbanization, and intermarriage.[3] In this context, Meyer discusses a syndrome observed among Native Americans which he interprets as involving conflict with an earlier identity that has been walled off because of its incompatibility with the dominant trends in the individual's psychic functioning. In such cases, Meyer describes his main therapeutic goal as that of reintegrating into the patient's personality, previous life-styles that were deprecated and rejected.

The report by Harvey of a five-year psychiatric consultation program conducted at the Mount Edgecumbe boarding school in Alaska is of interest both for the data it provides regarding the emotional problems of Alaskan Native students, and for its method of intervening to improve the boarding school environment.

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[1] J. H. Shore. American Indian suicide--fact and fantasy. Psychiatry, 1975, 38, p. 91.

[2] P. A. May & L. H. Dizmang, op. cit.

[3] G. G. Meyer. On helping the casualties of rapid change. Psychiatric Annals, 1974, 4, 44-48.

In this predominantly Eskimo (66%) student body, the most prevalent problem was disruptive behavior while intoxicated. A disproportionate number of students displaying such behavior were Southeast Alaskan Indian students, described as more openly competitive and outgoing than the more reserved Eskimo students. Whereas 85 percent of all Eskimo students came from small villages (population approximately 150), more than half of the Eskimo students categorized as problem drinkers were from the larger villages (population approximately 2,000). This imbalance was attributed to the greater stress created by loosening ties with traditional culture found among those who move from the more remote intact villages to larger, more heterogeneous communities.[1]

The next most frequent bases for psychiatric referral were anxiety and depression. Students with these complaints came mostly from the intact and isolated Eskimo villages where, it was felt, competitiveness and outward expression of anger are discouraged. The suppression of anger is seen as leading to symptoms of anxiety and depression. Another major psychiatric problem, attempted suicide, is of special interest because of the sex differences reported. Of the last 20 suicide gestures recorded, all were made by girls.

The mental health team in the Mount Edgecumbe project consisted of a part-time psychiatric consultant and two social workers who were in the dormitories from 1:00 p.m. to 10:00 p.m. daily. The services they offered included inservice training for the dormitory staff, problem or student-oriented conferences, and courses in adolescent psychology and dormitory management. The dormitory staff, composed mainly of local Indian people, were resentful over their low status, poor working conditions and lack of opportunity for advancement. They were helped by the mental health team to confront the school administration and express their demands for improved working conditions. Harvey believes that the changes in the dormitory staff's attitude toward their work and themselves, which were brought about by the consultation project, have formed the basis for their serving as positive objects of identification for the students. Harvey attributes much of the program's success, manifested in a lower dropout and expulsion rate and a sharp decline in suicide gestures, to the dynamics of change induced in the dormitory staff (aides).

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[1] E. B. Harvey. Synopsis: five years of psychiatric consultation and social work at a secondary school for Eskimo, Indian and Aleut students in Alaska. Paper presented at Third International Symposium on Circumpolar Health, Yellowknife, Canada, July 8-11, 1974.

A clinical psychologist interviewed in a boarding school in the Southwest presented a picture of prevailing symptoms of Indian youth quite similar to that given by Harvey in Alaska. Among young people aged 12 to 20 years whom he has dealt with in a number of settings, he has found depression, anxiety, poor self-concept and alcohol abuse to be the main emotional problems. He described the depression as a combination of mild lonesomeness, boredom, internalized anxiety and anger. In reply to a question about the distinctive features of Indian youth, he was one of many respondents who said that he describes himself as someone who "works with adolescents who happen to be Indian." At the same time, he made a point of emphasizing the distinctions among young people from different tribal groups, differences which he felt were as great as those between Indian and non-Indian.

Of the 28,000 patients seen each year in the Mental Health Programs of the Indian Health Service, approximately 20 percent are under 15. The major problems of this age group described by one staff member were: drug abuse, running away from school, suicide attempts and threats, unwanted pregnancies, and alcoholism. In the opinion of this psychologist, few of the emotional disorders found among Indian youth are culturally specific. The manifestation of disturbance is not very different from what is found among non-Indian youth. Young people are troubled by the lack of control they feel they have over their destiny and the lack of access they have to what they most aspire to. The absence of modeling to guide behavior was noted as a major problem. Neither the Tribal Councils, whom this staff member regarded as being uninterested in children's problems, nor the Bureau of Indian Affairs, whose mode of operation he saw as fostering a disabling degree of dependency, were viewed as sufficiently supportive of the emotional needs of developing children.

Studies of Self-Description and Self-Concept

There have been numerous studies based upon self-report inventories of Native American's attitudes toward themselves, toward others, their emotional problems, aspirations and values. Such inventories typically present the individual with a series of statements to each of which he must respond by indicating agreement or disagreement with them or their degree of salience. A multitude of factors--the person's ability to read and understand the items, frankness and willingness to openly describe himself, the degree of insight he actually has about his own feelings on the matters discussed in the inventory's statements, the specific phrasing and form of presentation of inventory items, and their tendency to invite particular kinds of replies, all contribute ambiguity to the meaning of inventory scores and limit their validity. The results of a few such studies are cited below because, despite serious limitations of measurement, their findings are of interest.

Bass included several personality and attitude inventories in his study of achievement test performance among high school students. The ten personal problems (in the Mooney Problem Checklist) which most troubled this sample of more than 3,000 high school students, were, in order of frequency as follows:

> Worried about grades, trouble with oral reports, having to ask parents for money, not interested in certain subjects, deciding what to take in high school, needing to find a part-time job now,

> not knowing what I really want, don't get enough sleep, needing to know my vocational abilities, sometimes lying without meaning to.[1]

When the Semantic Differential test was administered, the terms which were assigned the greatest value and were favored by most of these same students were: EDUCATION, COLLEGE, and MY FUTURE; whereas WHITE MAN was ranked last and MYSELF was ranked next to last.

The results emphasize the salience of school and school-related issues in the lives of these adolescents, as well as the degree to which they feel unsure and unresolved about what they should study and what they really want, and the degree to which they respect the power of education and the role of college. At the same time, their resentment of the white man and their profound difficulty in dealing with their own selves is also apparent. Bass found that Indian students attending all-Indian schools have a higher opinion of Indians than do those in school situations which contain non-Indians as well. Also, those attending school on reservations in an Indian dominated society tended to rate WHITE MAN higher than did those attending school off-reservation in the white man's world. Thus, according to these data, exposure to an integrated classroom led Indian adolescents to lower their estimate of both Indian and white people.

In a study of group relations and the expression of aggression, the relationship among a number of variables was examined in four different tribal groups of students (aged 14 to 22) attending boarding schools in the Southwest.[2]

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[1] W. P. Bass. An analysis of academic achievement of Indian high school students in Federal and public schools. U.S. Department of the Interior, Bureau of Indian Affairs, Contract No. 14-20-0650-1689, May 1971, p. 142.

[2] C. P. Alderfer, C. A. Hammerschlag, D. Berg, & S. Fisher. Group relations and the expression of aggression among American Indian Tribes. Phoenix Indian Medical Center, Phoenix, Arizona (undated).

Analysis of dropout rates among these four groups indicated sharp differences among them. When students were asked to rate changes in their feelings of self-respect since attending the school, the tribal group with the highest dropout rate showed the largest decline in self-respect since first attending the school; decreasing respect for their own tribal heritage and traditions and for Indian people as a whole; and the greatest amount of intragroup aggression. The group with the lowest dropout rate showed the least intragroup aggression. A similar pattern was found with regard to the degree of intragroup support found among these tribal groups. Members of the group with the highest dropout rate tend to fight with each other most and support each other least. Similarly, they also view their tribe as attacking other tribes (in the school), whereas the group with the least dropout rate showed the least amount of intergroup aggression.

On the basis of these data, the authors conclude that they have validated their hypothesis regarding the interrelatedness of feelings toward the self and toward one's own group and other groups. This syndrome of personal failure and lower group self-esteem and diminished capacity to relate to other groups is termed "cultural depression" by the authors. They suggest that the condition of cultural depression prevents American Indians from functioning in a more cohesive, unified manner in striving to recover their political and economic rights.

In an effort to understand the factors which affect the progressive decline in achievement test scores begun in the seventh and eighth grades, Bryde studied the personality correlates of academic achievement in a sample of Sioux students in the eighth, ninth, and twelfth grades.[1] The Minnesota Multiphasic Personality Inventory was administered to all subjects. Bryde was interested in comparing the personality scores of a sample of Indian adolescents with a non-Indian sample of equivalent age and in comparing the personality scores of Indian students who remain in high school with those who drop out.

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[1] J. F. Bryde. The Indian Student. Vermillion, S.D.: Dakota Press, 1970.

Whereas Bryde found no differences between his Indian sample and the non-Indian comparison group in school achievement, the personality test scores of the Indian sample were higher on social alienation, emotional alienation, self-alienation, social isolation, anxiety and depression. Thus, Bryde characterizes the Indian personality profile as a pattern of rejection, anxiety, alienation and depression.

Since a group of twelfth graders do not include dropouts, because dropouts have already left school by then, Bryde compared a sample of Indian twelfth graders with his sample of Indian eighth and ninth graders. He found that the twelfth graders showed a stronger personality profile than the younger group, one which was hardly distinguishable from a comparison group of non-Indian students. As a confirmation of this trend, Bryde compared the personality scores of a sample of dropouts with a sample of children still going to school and found large differences between them.

Thus, Bryde concludes that he has been able to demonstrate that at least part of the decline in achievement evinced by Indian students during high school is attributable to personality conflict and emotional alienation. His data show that Indian students present more signs of emotional conflict in their personality test performance than comparable non-Indian students, and that Indian dropouts show more of these same signs of alienation and depression than do Indian students who remain in school.

These conclusions are at sharp variance with Fuchs' and Havighurst's assessment of Indian self-concept.[1] Using a Self-Esteem Inventory consisting of 20 descriptive statements which the respondent is asked to check as "like me" or "not like me" and the Semantic Differential Inventory which asks the respondent to rate himself on a set of seven adjective-pair scales, Fuchs and Havighurst compared the scores of Indian children aged 12 to 17 years with those obtained from several other comparison samples drawn from other parts of the United States and other countries. The scores of Indian children were found to be essentially no different from those of the comparison groups. Further, by subdividing their data into preadolescent and adolescent groups, they attempt to demonstrate that the Indian adolescent does not experience a decline in self-esteem as others have hypothesized. The authors vigorously refute the notion that the self-esteem of Indian youth is any different from that of other groups. In so doing, they criticize the methodology of Bryde's study which yielded contrary findings.

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[1] E. Fuchs & R. J. Havighurst. To live on this earth. New York: Anchor Press, 1973.

The studies briefly summarized in this section illustrate the problems examined and the methods used by those who attempt to assess empirically the self-concept of Native Americans. As already noted, self-report methods have limited validity under the best of circumstances. When they are administered to people with a distinct cultural background whose reading skills and language mastery are modest, they invite errors and distortions of great magnitude. The contradictions among reported findings demonstrate the vulnerability of these methods. However, while it is not possible at the present time to arrive at an infallible measure of self-concept, the failure to measure self-concept with precision does not invalidate its importance. The idea that a person forms a conception of himself which defines his adequacy, competence, attractiveness and likeability, and that this concept of himself, in turn, affects his aspirations, relationships with others, and ultimately his sense of well-being, is accepted widely. It seems equally sensible to assess an individual's environment and the network of social relationships in which he functions in terms of their potential effect on his self-concept. The construct of self-concept would appear to be especially relevant to examining the developmental needs of children and designing educational environments for them.

The idea that the educational life of a Native American child has implications for his self-concept is almost universally acknowledged. For example, the statement of goals of half of the preschool projects currently sponsored by the Office of Indian Education include explicit references to improving self-image. But the meaning of self-image varies from one project to the other. In discussing the influence of problems of identity formation on the educational progress of Native Americans, Kleinfeld contends that the term "identity formation" is often interpreted too narrowly to mean ethnic identity, a feeling of pride in being Indian or Eskimo.[1] She views programs directed toward fostering ethnic pride as too limited in scope and defines identity in terms of an individual's organization of values--their clarity and coherence. Kleinfeld considers problems of identity formation to be the major cause of academic failure among Native American children.

In our interviews with members of the Native American community, frequent reference was made to the importance of a strong and positive concept of self. Some people referred to ethnic pride; they were primarily concerned with cultivating a greater sense of self-esteem with regard to ethnic identity. To others, reference to self-concept had to do with expectations of the self. In some cases, these were seen as easily changeable attitudes and in others they were viewed as deeply held and tied to strong emotion. On one reservation, the school board was described as believing that "children and young adults do not have a success image of themselves." An executive of a Native health organization in Alaska spoke feelingly of the endless doubts Eskimo people felt about their ability to perform competently in the white world.

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[1] J. S. Kleinfeld. Characteristics of Alaska Native students. In Alaskan Native needs assessment in education. Project ANNA, Juneau Area Office, Bureau of Indian Affairs, 1974.

It is almost impossible to exaggerate the complexity of the conflicting trends which impinge upon the Native American child as he or she is growing up. In most cases, their own community is changing rapidly. The upheaval produced by rapid change brings confusion and disorientation. The old ways of working and surviving are no longer available. Also, new levels of expectation render the old ways less desirable. Traditional values, codes of behavior, methods of social organization, originally linked to and reinforced by a now obsolescent mode of subsistence become more difficult to maintain and preserve. Increased life span and improved health bring changes in one's outlook. Increased communication with the non-Indian world, expanded opportunity for education, travel, military service, and work have drastically reduced the isolation of Native American community life and produced a virtual bombardment of discordant stimulation. Not all that is learned about the non-Indian world is attractive, but certainly many aspects have great appeal. In addition, it has been made clear that the road to economic growth entails more extended familiarity with the skills, resources, and knowledge of the non-Indian world. Yet the closer the Native-American comes to that world, the more enveloped he or she becomes in customs and values which are alien, the more directly he encounters racial hatred, discrimination, and rejection, and the more he is threatened with the loss of his own traditions, values, and sense of identity. The conflicts and dilemmas thus aroused are profound and are crystallized around issues of identity and self-concept.

For most Native American children, going to school marks their first systematic exposure to the non-Indian world of facts and values. Their relationship with a non-Indian teacher may emphasize the disparity between Indian and non-Indian worlds or their compatibility. Contact with a non-Indian teacher may deal with events and concepts about which they are completely familiar or they may be thrust into lessons which refer entirely to foreign material presented in a language which is barely understood. Children may be treated with love and respect or with impatience and contempt. The main lesson they may learn in school is that their ignorance is massive and the non-Indian world is unapproachable and impenetrable, or they may learn the tools for communicating with the non-Indian world and come to think of themselves as competent learners. They may learn to be purposeful problem-solvers, able to choose wisely among options by examining their potential advantages and disadvantages, or they may be made to feel that non-Indian ways are unfathomable. They may wind up feeling proud of themselves and their origin or defeated and alienated. Their sense of identity affects their school career and, conversely, their school experience is pivotal in influencing their sense of identity.

VI. EARLY DEVELOPMENT AND EDUCATION

The concern with psychological aspects of child rearing is a relatively modern phenomenon and is a consequence not only of greater knowledge of and interest in children's development, but also of the fact that it is only recently that parents could begin to assume that their babies were more likely to survive than to die. As the Newsons say:

> For the whole of human history up to the turn of the present century, simple physical survival has been the dominant issue in child upbringing: a question not of "How shall I rear my child?" but of "Will I rear him?"[1]

For American Indian and Alaskan Native families, it is only in the last 20 years or so that infant mortality rates have decreased enough so that this shift, from concern with physical survival to interest in psychological development, could take place. It is evident from our interviews with Native American people that they share a deep concern for their children's education and development, and see their children's futures as bound up with their communities' welfare. The family and the community have a pivotal role in shaping the child's future, and the child will have a pivotal role in shaping the future of the community.

Psychologists and educators look to the earliest stages of human life as laying the foundation for future development. It is now widely accepted that what happens to children before birth, in infancy, and in early childhood has a potent influence on subsequent development. Studies of developmental processes in the past few decades have also made clear that human development is far more complicated than had previously been thought. Such studies have emphasized the common course of development for all growing human beings and at the same time they have pointed to the power of environmental conditions in influencing development.

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[1] J. Newson & E. Newson. Cultural aspects of childrearing in the English-speaking world. In M. P. M. Richards (Ed.), The integration of a child into a social world. Cambridge, England: Cambridge University Press, 1974.

In this section we present some basic principles of development and their implications for educational programs for young Native American children and their families. Since this section is not an exhaustive review of all developmental theories, it should be pointed out that what is selected for discussion already reflects a point of view about development and early education. In general, we have chosen to discuss those aspects which we believe to be most salient. This is followed by a description of educational programs for young Native American children and their families in which these developmental principles are discussed in relation to educational practice.

Maturation

Some kinds of development just seem to occur. In normal circumstances, and without help or intervention, the human organism manages to crawl, stand alone, walk, pick up and hold objects, and talk in increasingly complex forms. This kind of growth is referred to as maturation and is to be distinguished from learning. Maturation is a continuous process of development that begins with conception and is genetically programmed.

This does not mean, however, that the human being is a closed biological system which is separate from the environment it inhabits. There is much evidence from biology and psychology that, on the contrary, the human organism is an open system, in constant interaction with its environment and influenced in growth and development by it.[1] Some of the clearest evidence of organism-environment interaction in development can be derived from records of so-called wolf children who, for some reason, were not reared by their own species. Reared outdoors in the countryside and completely deprived of a human, social environment, these children typically did not stand upright and had no language; they had adapted to their environment. As the biologist, Waddington, has pointed out:

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[1] See, for example, L. von Bertalanffy, The theory of open systems in physics and biology. Science, 1950, 111, 23-29; R. Dubos, So human an animal. New York: Scribners, 1968; L. K. Frank, Human development: an emerging scientific discipline. In A. J. Solnit & S. A. Provence (Eds.), Modern perspectives in child development. New York: International Universities Press, 1963.

> ...what a pair of parents donate to their offspring is a set of potentialities, not a set of already formed characteristics....Any one genotype may give rise to many somewhat different phenotypes, corresponding to the different environments in which development occurs.[1]

On the one hand, maturation (including neuromuscular and physical growth) suggests that the development of behavior will show a successive unfolding of functions and capacities as the underlying bodily structures develop. On the other hand, according to the open-system approach to development, maturation is also influenced by organism-environment interaction. Maturation implies a readiness for new kinds of behavior, the occurrence of periods that are more--and less--propitious for learning to take hold. Behavior, in this sense, reflects maturation as well as the cumulative effects of learning through experience.

The Concept of Stages in Developmental Theory

Although maturation and growth are continuous and cumulative, development is characterized by qualitative differences in the way individuals respond to experience and in their capability for organizing experience. Development is not a simple progression from less to more, but is distinguished by

> qualitative changes or shifts in the individual's means of organizing experience and coping with the environment....This general line of development can be discerned within different stages and with regard to the pattern of growth in various spheres (for example, motor activity, emotional development, perceptual-cognitive functioning).[2]

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[1] C. H. Waddington, The nature of life. New York: Harper Torchbooks, 1966, p. 29.

[2] B. Biber & M. Franklin. The relevance of developmental and psychodynamic concepts to the education of the preschool child. Journal of the American Academy of Child Psychiatry, 1967, 6, p. 11.

This concept of developmental stages is a basic tenet of developmental theory.[1] Developmental theory also holds to the view that learning and education cannot be accelerated beyond defined limits because in order for learning to take place at any stage, the organism must have reached a maturational and developmental level such that the requisite motor, nervous system, and cognitive structures are present. A normal three-year-old, for example, will not be able to understand the concept of multiplication, however intelligent he or she might be. Even if he or she were to learn some part of the multiplication table by heart, the child could not apply it until a later stage of development, when the concept of addition has been grasped and its relation to multiplication can have meaning. Cognitive capacity depends on the development of the underlying cognitive mechanisms.

The concept of stages implies that development occurs in a sequence that does not vary; the timing may vary but the order of steps in the sequence is invariant. Developmental theory also assumes that there are optimal periods for the development of certain functions, although it is not agreed that these periods are necessarily critical. (The idea of critical periods is taken from embryology in which it has been established that in the embryo there are crucial points at which specific features and organs develop, and during those periods environmental influences can have adverse and irreversible effects.) Some kinds of deprivation are not reparable; for example, malnutrition during the period of maximum brain growth will lead to a reduced number of brain cells.[1] Severe emotional deprivation, when it occurs at certain periods in early development and is of long enough duration, can have irreparable effects.[2] On the other hand, severely reduced opportunity for locomotion and motor experience most likely does not have permanent effects.[3] It is important to note, therefore, that development in motor, emotional and cognitive spheres is not equivalent. Growth can be viewed as the development of increasing ability to withstand physical and emotional assault. Nevertheless, though we should not underestimate the resilience of the human organism, infancy and early childhood are characterized not only by extremely rapid growth but also by extreme vulnerability. And since each stage builds on what has gone before, the beginning stages of development have far-reaching consequences.

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[1] See H. Werner, The conception of development from a comparative and organismic point of view. In D. Harris (Ed.), The concept of development. Minneapolis, Minn.: University of Minnesota Press, 1957, pp. 125-148; L. Kohlberg, Early education: a cognitive-developmental view. Child Development, 1968, 39, 1013-1062; J. Piaget, The origins of intelligence in children. New York: International Universities Press, 1952; J. Piaget, The construction of reality in the child. New York: Basic Books, 1954; J. Piaget, The psychology of intelligence. Peterson, N.J.: Littlefield Adams, 1960; J. Bruner, The course of cognitive growth. American Psychologist, 1964, 19, 1-15.

Individual Differences

Much of the time when we talk about children or infants or toddlers, we sound as if all children are alike, or at least as if all two-year-olds are alike. Yet everyone knows that individuals differ from birth on. They differ in their physical appearance, their genetic endowment, their tolerance for pain, their need for and interest in physical contact. Studies have shown stable individual differences during the first five years of life in such characteristics as activity level; the regularity of body functions such as sleeping and eating;

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[1] D. B. Coursin. Nutrition and brain development in infants. Merrill-Palmer Quarterly, 1972, 18, 177-202.

[2] See, for example, S. Provence & R. Lipton, Children in institutions. New York: International Universities Press, 1962; H. F. Harlow & M. K. Harlow, Learning to love. American Scientist, 1966, 54, 244-272; B. Seay, B. K. Alexander, & H. F. Harlow, Maternal behavior of socially deprived rhesus monkeys. Journal of Abnormal and Social Psychology, 1964, 69, 345-354.

[3] W. Dennis & P. Najarian. Infant development under environmental handicap. Psychological Monographs, 1957, 71 (7).

and reactions to and interest in novelty.[1] In general, children vary in their physical development, in their coordination and body tempo; in the speed with which they grasp ideas, in their sense of humor, and in their curiosity. They vary also in their persistence and motivation in overcoming obstacles, their reaction to criticism, their self-assurance. Some of these differences may be a reaction to different kinds of experiences, but individuals differ also in they way they respond to apparently similar kinds of experience--what may crush one person seems to have little impact on another.

There are cultural differences, too, in the kinds of behavior that are considered desirable in children, and therefore in the kinds of behavior that are encouraged. Different kinds of environments also require or facilitate different kinds of adaptations. These sources of difference--individual, cultural, environmental--combine to create many variations in patterns of development. When we speak of all children, it is a search for common threads; when we look at any particular child, we see the unique combination of endowment and experience that makes that child an individual.

The Interaction of Developmental Processes

It is customary to discuss under separate headings children's physical development, their social-emotional development and their cognitive development. To separate these different aspects is useful for purposes of discussion only. In reality they are inseparable. The interaction of developmental processes within the organism are as inevitable as are the interaction of organism and environment. In everyday life we know that a hungry person will find it difficult to concentrate on a complicated intellectual problem, that a person who is anxious about something will show that anxiety in body tension. In looking at children's development we can see that a great deal of thought is involved in the acquisition of physical skill; the kind of repetitive practice that children engage in to perfect a skill implies not only motivation, but a concept of what the performance should be. When a child imitates the physical skill of an adult, that imitation indicates careful watching, analysis, mental rehearsal, and thinking, as well as physical competence. It may also indicate an emotional tie to the imitated adult. Similarly, when children take on roles in dramatic play, they are putting together bits of overheard conversation, and observed actions, and trying to think and feel as they imagine the individual portrayed was thinking and feeling.

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[1] A. Thomas, S. Chess & H. G. Birch. Temperament and behavior disorders in children. New York: New York University Press, 1968.

This does not mean that development is all of a piece: a child may be advanced or may lag in one or another aspect; but often development in one sphere can facilitate development in others.

Physical Development

The concept of invariant sequences in development is perhaps best exemplified by the study of the development of motor abilities. The motor development which takes place in the normal infant during the first 12 or 15 months of life has a distinct sequence.[1] After eye movements and head balance are under control, the infant typically begins movements of the head and limbs, involving a set of new experiences in visual and kinesthetic perception. Each new physical capacity creates conditions for new advances in motor, cognitive, and social development. When the infant sits up, the visual field is greatly expanded and the infant has an altogether new perspective of the environment and its axes in relation to the self. Crawling enables the infant to explore three-dimensional space by moving through it; before that, three-dimensionality could be perceived only visually and through the movement of body parts. Standing and walking are, again, successive milestones in motor development. While these events occur in the same sequence in normal development, usually during the first 15 months or so, the age at which each takes place varies considerably.

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[1] H. Gesell & C. S. Amatruda. Developmental diagnosis: normal and abnormal child development. New York: Hoeber, 1947; N. Bayley. Comparisons of mental and motor test scores for ages 1-15 months by sex, birth order, race, geographical location, and education of parents. Child Development, 1965, 36, 379-411; M. M. Shirley. The first two years, a study of 25 babies. Minneapolis, Minn.: University of Minnesota Press, 1931-1933, 2 vols.

Most people who have infants in their care, while enjoying these developments, take them more or less for granted. From the point of view of the infant, however, it seems likely that each milestone of motor development involves not only great change from previous states, but great physical and psychic effort. To coordinate the hand and eye in reaching for an object, or to stand upright when you have never done it before demands both mental effort and the exercise of muscles in new ways. For these actions to develop and eventually become perfected, continual exercise and practice must take place, and indeed such practice is easily observed among infants in the repetition of their actions.

Physical development in preschool children also depends heavily on the further exercise and refinement of large muscles as children gain increasing mastery over their own bodies (as in climbing, jumping, sliding, for example). The development of small-muscle skills is also characteristic of this period (as in fitting things together, tying knots, cutting, beading, drawing, work with playdough, learning to dress and undress themselves). The intricate motor coordinations involved in these actions, and the effort and practice that is necessary to perfect them, should not be underestimated. Nor should we underestimate the pleasure that can be derived from these accomplishments or the ramifications they have for thinking and self-concept.

Social-Emotional Development

The newborn human infant is totally incapable of caring for itself. In fact, the degree of dependence on adults is considered a sign of evolutionary advance--in more advanced species the young require long periods of care, in less advanced species the young are soon ready to fend for themselves.[1] In recent years there has been a considerable amount of research on the development of attachment of the young child to the primary adult caretaker, usually the mother, and of the attachment of mother to child.[2] The infant behaves in ways that promote contact with the mother--crying, grasping, sucking, rooting; the mother soothes, feeds, touches, comforts and promotes the child's attachment to her. The attachment of mother to child and child to mother have survival value.

Experimental interference with the developing mother-child relationship in human beings is obviously impossible, but the work of the Harlows and their associates with rhesus monkeys has shown that mothering is not simply an innate response.[3] Monkeys brought up without contact with their mothers but only with wire or terrycloth-covered mother surrogates were, in adulthood, incapable of giving adequate maternal care to their own children. These motherless mothers were often brutally abusive to their infants. The infants persisted in trying to cling to the mothers and, after several months, some of the mothers began to react less negatively to their infants.

Under normal circumstances, the relationship of mother and child is not simply uni-directional but is seen as an interactive system in which the feedback each receives strengthens the relationship and shapes the interaction. Earlier theories and research focused on the ways parents influenced children. It is only in recent years that psychologists have begun to pay attention to the ways in which children influence adult behavior toward them.[1] Both the individual qualities of the caretaker and the individual qualities of the child play an important role in determining the nature of the relationship. Parents and other caretakers respond to temperamental differences in different ways, often on the basis of preferences of which they may themselves be barely aware. Foster mothers also have been shown to respond differently to different infants in their care.[2]

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[1] D. O. Hebb. The organization of behavior. New York: Wiley, 1949.

[2] M. D. S. Ainsworth. The development of infant-mother attachment. In B. Caldwell & H. Riccuiti (Eds.), Review of child development research. Vol. 3. Chicago: University of Chicago Press, 1973; J. Bowlby. Attachment and loss. Vol. I, Attachment. London: Hogarth Press; New York: Basic Books, 1969.

[3] H. F. Harlow & M. K. Harlow, op. cit.; B. Seay, B. K. Alexander, & H. F. Harlow, op. cit.

Family life provides the first and major social environment in which children develop expectations of what people are like, learn that what they do can influence what others do, and develop strong feelings of love and affection, frustration and anxiety, pleasure and satisfaction, guilt and rage. It is of primary importance that the child should feel loved and valued by those who care for him or her. This is the foundation for the child's love and affection for and trust in others. Many theorists believe that in the first few years the foundations of personality are laid, that the quality of emotional experiences in infancy and early childhood determines the capacity for love and affection in later life.[3] The social and emotional context in which young children grow up influences their own range of social and emotional responsiveness.

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[1] R. Q. Bell. A reinterpretation of the direction of effects in studies of socialization. Psychological Review, 1968, 75, 81-95.

[2] L. J. Yarrow. Research in dimensions of maternal care. Merrill-Palmer Quarterly, 1963, 9, 101-114.

[3] See, for example, E. H. Erikson. Childhood and society (2nd ed.). New York: Norton, 1963; S. Escalona. The roots of individuality. Chicago: Aldine, 1968.

Interaction of the infant and young child with the significant others in the environment leads to patterns of mutual regulation. Each has to adapt to the other. Even the most attentive mother cannot always respond immediately to the child's cry for help, and the infant necessarily begins to learn to cope with frustration. It is crucial, however, that tension and distress are responded to, that gratification is not unduly delayed. This requires that the mother or caretaker knows when the child is in need and responds appropriately. It is contingent responsiveness--gratification in response to need rather than when it is convenient--that forms the basis for mutual regulation and for the infant's learning to regulate his or her own impulses and needs.

As the young child grows and becomes more accomplished and therefore less dependent on adult care, the need for affection and attention does not diminish. The forms may change, but the need for encouragement of exploration, for sympathetic care and guidance, for warm but firm control are crucial for the toddler and preschool child. Children in this period are eager to try out new experiences, to test themselves and others, to increase their sense of mastery. This is the time when the child is developing a sense of an independent and autonomous self, distinct from others and capable of successful encounters with the environment of people and objects. It can also be a trying time for adults, since children have little sense of danger, cannot foresee the consequences of some of their actions and are likely to endanger themselves. Limits must be set on behavior, partly to preserve adult peace, partly to protect the child from harm. A body of research on parent-child relations indicates that warmth and firmness, an authoritative but not an authoritarian approach to discipline, are conducive to optimal development.[1]

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[1] See, for example, D. Baumrind, Child care practices anteceding three patterns of preschool behavior. *Genetic Psychology Monographs*, 1967, *75*, 43-83; D. Baumrind, Current patterns of parental authority. *Developmental Psychology*

Just as children's perception of the physical world is more refined than had been realized, so too their perception of social events and emotional states is more sophisticated than many people realize. Children are aware of, or respond to, subtle differences in others' expectations of them, are capable of empathic response to the happiness or distress of others, and adapt their behavior to different social contexts. Children are aware of differences between the sexes at an early age: they can identify differences between boys and girls and women and men, and have concepts of sex-appropriate behavior. That they identify their own sex and adopt what they consider to be appropriate behaviors has profound effects on their development.[1] Such appropriate behaviors are learned indirectly from adults and other children of the same and the opposite sex.

One of the most important milestones in development is learning to speak. This is an accomplishment that has pervasive implications for all aspects of development; it transforms the child's perception of the world, his social relationships and concept of himself, his development of concepts and ideas. Long before the child actually speaks, the baby understands language. As a matter of fact, it is now known that children are aware of differences in intonation and speech sounds in the first few months, and that their own babbling varies, depending on whom they are babbling to.[2] The development of language

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Monographs, 1971, 4 (No. 1, part 2); B. Martin. Parent-child relations. In F. D. Horowitz, E. M. Hetherington, S. Scarr-Salapatek, & G. M. Siegel (Eds.), Review of child development research. Vol. 4. Chicago: University of Chicago Press, 1975.

[1] See, for example, R. E. Hartley. Children's conceptions of male and female roles. Merrill-Palmer Quarterly, 1960, 6, 83-91; L. Kohlberg, A cognitive-developmental analysis of sex-role concepts and attitudes. In E. E. Maccoby (Ed.), The development of sex differences. Stanford, Calif.: Stanford University Press, 1966, pp. 82-173.

[2] E. Kaplan. Intonation and language acquisition. Papers and Reports on Child Language Development, 1970, No. 1 (March), Stanford University Committee on Linguistics; P. D. Eimas, E. R. Siqueland, P. Jusczyk, & J. Vigorito. Speech perception in infants. Science, 1971, 171, 303-306.

creates new possibilities for communication with others, as well as new ways of symbolizing experience. This development takes place at a rapid rate during the first three years,[1] and therefore is to a large extent accomplished at home. The child's increasing ability to use language is not only a reflection of his or her developing conceptual powers, but of the capacity to express feelings and ideas, to communicate with others who are important and loved, to express inner feelings and emotions, and to share in human relationships.

Cognitive Development

Cognitive development has to do with the individual's increasing knowledge of the world of people and objects, physical relationships and interpersonal relationships. It includes awareness and knowledge about the attributes of objects, classification and differentiation, ways of quantifying, relationships of space and time, awareness of transformation processes (for example, of paper to ash), ideas of causality, and so on. It obviously encompasses much more than merely learning about numbers and letters and how to combine them.

Information from the immediate perceptual world must be processed, but more important, it must be combined with information stored in memory. It is generally accepted in developmental theory that developmental progression involves moving away from dependence on immediate stimulus information toward dependence on rules for combining perceptual information with information from memory; this is the essence of cognitive development. The rules are not necessarily rules that the person is aware of, but they are implicit and knowledge of them can be inferred from behavior. We can perform complicated physical acts without being able to analyze the parts or describe the process in words (for example, tying a shoelace), and our spoken language is governed by grammatical rules which we would be hard-pressed to articulate. In the same way, we are not aware of the multitude of rules for processing, sorting, and combining information, nor of the strategies for solving problems that make it possible for mature human beings to represent in logical and understandable ways the features of the complex environments in which they live. Discovering how such capacities are achieved is a major task of developmental psychologists.

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[1] See J. Church, Language and the discovery of reality. New York: Vintage, 1966.

The tremendous intensification of research on infant behavior in the last decade has led, by and large, to the realization that the infant is far more capable than was previously thought. (That a book entitled The Competent Infant,[1] which is more than 1300 pages long, has recently been published is a sign of this turn of events.) It is now quite well established that infants are capable of sophisticated discriminations, even as early as one day after birth.[2] Bower's studies of perceptual and cognitive development in infancy have shown that the infant has many more innate capabilities than was previously thought, especially in visual perception, for example, in size constancy.[3] Studies such as those by Kagan and others demonstrate that infants look longer at objects which are moderately different from objects they have seen before, thus indicating cognitive activity.[4] A persuasive interpretation of this and other research is that "these young infants had already begun to internalize schemata for the objects they had seen (but not necessarily physically manipulated)."[1]

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[1] L. J. Stone, H. T. Smith, & L. B. Murphy (Eds.), The competent infant. New York: Basic Books, 1973.

[2] See, for example, E. R. Siqueland & L. P. Lipsitt, Conditioned head-turning in human newborns. Journal of Experimental Child Psychology, 1966, 3, 356-376.

[3] T. G. R. Bower. Stimulus variables determining space perception in infants. Science, 1965, 3, 323-324; T. G. R. Bower. Development in infancy. San Francisco: W. H. Freeman & Co., 1974.

[4] J. Kagan & M. Lewis. Studies of attention in the human infant. Merrill-Palmer Quarterly, 1965, 11, 95-128; J. Kagan. Change and continuity in infancy. New York: Wiley, 1971.

Thus, long before the infant is able to move around, a great deal of visual and other sensory information is being organized, processed and stored. One of the reasons why people used to believe that young infants were not capable of cognitive operations was because their motor behavior was insufficiently developed for them to be able to manipulate objects. Since, according to Piaget, action with objects is a necessary prerequisite for cognitive growth,[2] infant abilities were considered limited by immature motor development. Recent research, however, seems to indicate that, from the earliest weeks of life, infants are capable of discrimination, learning, and memory.

In the first few years of life the child learns probably hundreds of thousands of discrete facts. It is not the facts alone, however, that are important but, as we have suggested, the rules for organizing them, and the development of strategies for processing and retrieving information. Cognitive development involves the development of concepts which help the growing child to organize information. The process of concept development is characterized by hierarchic progression, that is, concepts become more and more differentiated and depend on the prior acquisition of others. The child learns the concept of hot and cold before being able to deal with the comparative this-is-hotter-than-that. Other concepts are learned in similar ways; for example, with respect to the concept of identity, the child gradually learns that a ball of clay does not change in weight even though it is transformed into a clay pancake. The child learns to group things on the basis of similarities and differences, and the criteria used for classification become more abstract. The child learns to manipulate symbols by grasping that one thing can stand for another and that the thing represented need not be present. That is, he or she learns that a drawing can signify the object or person represented, that a map can represent a terrain, that a word can stand for an object, that a gesture can represent a whole idea.

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[1] B. Silverstein. Development before the third birthday: implications for intervention in the lives of children. An interpretive review. New York: Bank Street College of Education, 1970, p. 13.

[2] J. Piaget, 1952, op. cit.

One of the greatest achievements of the early years is the development of language. As already noted, language is a primary means of communication and shapes the quality of personal relationships. It is also a crucial tool for thinking. It makes it possible to refer to objects and events that are present as well as to those that are not; language can signify the real and the imaginary, the present, the past, and the future; it can signify feelings; complicated and abstract ideas; subtle distinctions and analogies; metaphor and magic; legend and logic. All normal children develop a working understanding and use of language by the time they are three years old.

Understanding of language precedes speech. Language understanding--receptive language--is to be differentiated from speech, known as productive language. When the child is able to understand the language of others, his or her understanding of what is going on in the world is, of course, greatly amplified; and there is a parallel increase in the ability of adults to teach and to control the child's behavior. Once the child starts to talk, language acquisition proceeds at a rapid rate. There is very little direct teaching involved in language acquisition; the child learns words and rules for putting words together by hearing language spoken in many different contexts. The course of language acquisition has been the subject of intense research in the last few decades; hundreds of studies show that for many different languages the sequence of development, the nature of errors, and the types of constructions follow a predictable course.[1]

Language is a symbolic system, and by its very nature, then, it transcends the immediate. Whether language dictates or structures thought, whether thought dictates language, or whether they run a parallel course in development, continues to be a subject of controversy. Perhaps what is most important about language development is that it functions, in the phrase of Jerome Bruner, as an "amplification of human intellectual powers."[2]

In describing cognitive development in infancy and the early years one hardly knows whether to stress the tremendous accomplishments, or the confusions and misconceptions. (Is the cup nearly empty or is it half full?) The young infant learns early on to recognize his or her mother or primary caretaker; yet we know that a three- or four-year-old will often not recognize a familiar person who is wearing an unusual outfit. The infant can make complex discriminations, yet the four-year-old will have difficulty in a double classification task (the circle is blue and round; the woman is a mother and a teacher). The preschool-aged child has difficulty in separating fantasy from reality, the imaginary or dream world from the real world. Children's confusions and errors are sometimes a source of amusement to adults, but they can also tell us what the child is thinking, what his or her hypotheses are. For we can be sure that error is not arbitrary. When the child says, "I bringed my doll today," she is applying the correct rule for constructing the past tense, but in this case to an irregular verb. Her error shows that she has learned the rule; she has yet to learn the exceptions to the rule.

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[1] See, for example, L . Bloom . *Language development: form and function in emerging grammars*. Cambridge, Mass.: MIT Press, 1970; R. Brown. *A first language*. New York: Appleton-Century-Crofts, 1971; C. B. Cazden. The situation: a neglected source of social class differences in language use. In F. Williams (Ed.), *Language and poverty: perspectives on a theme*. Chicago: Markham, 1970; N. Chomsky. *Aspects of the Theory of Syntax.* Cambridge, Mass.: MIT Press, 1965; S. Ervin-Tripp. Language development. In L. W. Hoffman & M. Hoffman (Eds.), *Review of child development research*. Vol. 1. New York: Russell Sage Foundation, 1966; W. Labov. The logic of nonstandard English. In F. Williams (Ed.), *op. cit.*; E. Lenneberg. *Biological foundations of language*. New York: Wiley, 1967; D. McNeill. *The acquisition of language: the study of developmental psycholinguistics*. New York: Harper & Row, 1970; F. Smith & G. Miller (Eds.), *The genesis of language*. Cambridge, Mass.: MIT Press, 1966.

[1] J. Bruner, *op. cit.*, p. 13.

A theme that has run through this discussion is that the infant and young child are far more capable in every way than had heretofore been thought. Analysis of physical, social-emotional and cognitive development shows that the young child's already known accomplishments are far more complex than was previously thought, and that the infant's and young child's capabilities had been severely underestimated. The infant's world is not a "blooming buzzing confusion." Our concept of the capabilities of the toddler and the preschool child have changed accordingly.

Two things should be noted about the above discussion: the topics we chose to present are selected from a range of possible topics as is the content within each; the discussion has been concerned with development that follows a normal course.

Early Childhood Education Principles

The growing organism has fundamental needs for adequate nutrition, warmth and comfort, human affection and interchange which must all be at least adequately met if optimum development is to occur. Bronfenbrenner put the case quite directly: "The success of any program designed to foster the development of children requires as its first ingredient an intact child."[1]

In all cultures, family life is the basic means through which the fundamental needs of the child are met. Early childhood educational programs can give supportive services to families in the all-important tasks of caring for and educating their young children, and providing opportunities for the kinds of physical, social-emotional, and cognitive experiences which cannot be provided at home. Thus, programs in early childhood education have the potential for extending and increasing the family's effectiveness. Such programs are especially important to the early development of children where life conditions are not supportive. As has been pointed out in preceding sections, Native Americans are poorer economically than any other group in this country. Largely as a result of their poverty, they are subjected to a variety of stresses which have direct implications for children's growth and development: poor health and nutrition, high unemployment rates, substandard housing, and high alcoholism and accident rates. Greatly accelerated social change and a history of cultural oppression has added further stress which was often referred to by our interviewees as "culture conflict" and "identity conflict."

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[1] U. Bronfenbrenner. Two worlds of childhood: U.S. and U.S.S.R. New York: Russell Sage, 1970, p. 124.

Under these conditions of life, many Native American families cannot adequately perform their child-rearing functions even though they may wish to. Bronfenbrenner has pointed out that for families in this kind of poverty no intervention, aimed only at children, is likely to have much impact. As has already been noted, the first step in improving the life chances of Native American children is to meet the basic needs of their families--in health care, nutrition, housing and employment. Bronfenbrenner concludes:

> ...the family seems to be the most effective and economical system for fostering and sustaining the child's development. Without family involvement, intervention is likely to be unsuccessful..."[1]

The mothers and other adults in chronically poor families are under stress much of the time. They often have many children and are themselves denied the

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[1] U. Bronfenbrenner. Is early intervention effective? Teachers College Record, 1974, 76, p. 300.

"security of financial or emotional support."[1] Thus, the burdens and tensions of their own lives are a drain on the resources they have available for giving care and attention to their young children. Furthermore, the parents themselves have often come from the same situation of poverty that they now find themselves in. Many have gone to boarding school and have been deprived of family experience and a continuous, close relationship with important adults. Many have children very young and are uninformed about the basic needs of infants and young children. As one Alaskan Native woman told us: "You don't learn mothering by giving birth." She also said: "When you educate a man, you educate an individual. When you educate a woman, you educate a whole family."

Thus, one of the most important functions of early childhood education for Native Americans is to strengthen and support the parents, and especially the mother, as the prime caretakers and educators of children. In a study of maternal involvement in a comprehensive preschool program, it was concluded that the parent program enhanced "the mothers' perception of themselves as educators of their children," and that "perhaps new maternal behaviors are fostered which are conducive to the child's intellectual functioning."[2]

The education of children is being increasingly viewed as a developmental process. This means that it is more broadly conceived than in the past, and not exclusively directed at preparing the child to perform better in future schooling. Such a broad definition of the school's influences on the child's total development includes not only the acquisition of knowledge, reasoning and problem-solving ability, and language skills, but also the child's view of himself or herself, his or her understanding of the world, feeling related to society, and the ability to enjoy living with and working effectively with others. It follows that such early childhood education is viewed as laying a foundation for a long-term process of human growth and development.

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[1] B. Silverstein, op. cit., p. 30.

[2] N. Radin. Three degrees of maternal involvement in a preschool program: impact on mothers and children. Child Development, 1972, 43, p. 1363.

For many years educators and psychologists have been concerned with the questions of what content is most appropriate for educational programs for young children, what is the best sequence of educational experiences or, to put it differently, how should educational experiences be timed and adapted to developmental stages, and what kinds of methods are best suited to young children. Closely related to questions of timing and content is the question of goals in education. There is considerable diversity of opinion as to both the long-term and the short-term goals for early childhood education and great diversity in educational practice. As presently constituted, early childhood education can be custodial care, it can be highly pressured didactic teaching, and it can also be the imposition of one style of life and culture upon another, perhaps incompatible, way of life. The kind of early childhood education proposed here, which is directed to infants, young children and their families, incorporates the broader view already noted.

This approach has several crucial principles: (1) It is based on a developmental theory in which children of different ages are seen to have different needs and capacities and to show different response patterns in physical, social-emotional and cognitive functioning; (2) it sees the child as an interactive organism--in whom thought and feeling are interrelated and inseparable, and who is also in continual interaction with adults, other children, and the material world; (3) it sees learning as a process rather than a product, which takes place inside and outside the walls of educational institutions and which is a natural and integral part of human development from birth to death; (4) it therefore views education as a collaboration of family and staff to build an optimally growth-promoting environment: one which provides opportunities for experiences which capitalize on already existing strengths and helps to lay the foundation for future development.

Material Aspects of the Educational Environment

An educational environment for infants and young children should be physically pleasant and comfortable for both children and adults; as safe and as accident-proof as possible; affording plenty of space, flexibly organized enough to allow for spontaneity of movement and different arrangements for individual and group activities; orderly and well-kept, so that children learn where things are and can use them independently.

Since in the first four or five years of life the child's physical growth is extremely rapid, the development of physical skills is a major part of overall growth in this period. For infants the material environment is especially important for the development of sensorimotor coordination and skills. Toys and other objects which can be touched, handled, banged and thrown, tasted, smelled and felt, not only teach the infant "the quality of things...[but] also help him develop awareness of himself, the different parts of his body and what he can do."[1] Toddlers and preschool children are refining existing physical skills as well as gaining new ones. As well as appropriate space, any educational program, whether home-based or center-based, must provide materials which enable children to explore and get to know the physical world and to exercise their new-found physical abilities. It must supply the ground plan upon which the young child can exercise and practice developing physical competencies.

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[1] L. B. Murphy. Children under three--finding ways to stimulate development. I. Issues in research. Children, 1969, 16, p. 49.

Precocious motor development has in part been attributed to environmental factors, especially to unusual freedom of movement.[1]

The home and the outdoors of course contain many objects which can promote physical and learning skills. The educational program can offer equipment which is especially designed to do this in a safe, secure place where the child's experiments are supervised. Here opportunities can be offered for "climbing, swinging, sliding, balancing, heaving, and stacking and freedom to invent new variations of...manipulation and coordination."[2] The ability to dig, stretch, jump, and climb gives a new dimension to the self in space, and confirms one's own strength and power; it broadens the horizons figuratively as well as literally.

Social-Emotional Aspects of the Educational Environment

Learning takes place through interaction with people--children and adults--as well as materials. The adults in this context, through the way they carry the relationships among themselves and with the children, create a model of human relationships based on acceptance, openness and trust. Continuity of relationships, implying a stable staff of adults and family members, contributes to the development of a stable self, a sense of being valued, and the capacity to maintain a set of stable relationships. In such an environment, the young child will learn to trust adults and to feel secure. This is especially important at a time when the child is beginning to have a sense of himself as someone who can be effective. Anyone who has ever watched an infant stand up for the first time, or who has watched a child put a puzzle together for the first time has seen the shock of surprise and triumph that often accompanies such feats--

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[1] See, for example, M. Geber, The psychomotor development of African children in the first year and the influence of maternal behavior. Journal of Social Psychology, 1958, 47, 185-195.

[2] B. Biber. Preschool education. In R. Ulich (Ed.), Education and the idea of mankind. New York: Harcourt, Brace & World, 1964, p. 19.

for feats they are. The child at that moment has proof that he or she is someone who can do things, and this affects not only the immediate view of the self but lays the groundwork for an optimistic view of what can be accomplished tomorrow and later. Such positive attitudes are important to the long-term goals of education.

Such moments are greatly enhanced if they are backed up by adult attention. In order for this to happen, there must be enough adults in relation to the number of children. There must be an adult who knows that the event has occurred, who knows the child well enough and has spent enough time with him or her to know that this was the first time it happened; and who can share in the child's success, both by praising the accomplishment and by conveying an expectation of this child as someone who can do what he or she did and who will do more in the future. There must be enough adults in any program for young children, whether at home or in a center, who, as Klein points out, "not only convey basic skills and information to the child but...also nurture the attitudes which affect the child's later learning experiences and social relationships."[1]

Adults working with infants and very young children must be able to respond differentially to each child so that children may learn that their world is trustworthy and also that they can exercise control over it. Interaction with infants includes many different forms of communication--touching, looking, smiling, holding, singing, rocking, moving. In addition, the infant's and young child's own efforts are to be encouraged--to move around, to amuse and, later, to feed himself or herself and gain competence in the development of these new skills.

Responding to early vocalizations, talking during routine times and play periods, and labeling the world which the young child is beginning to differentiate are important in social relations. Talking to the infant supports the infant's own vocalizing efforts and also serves as a medium for social intercourse. As Murphy points out: "The adult's or older child's delight, pride, and surprise at the baby's reaction [in responding to others] provide an important feedback to the infant and, by enhancing the importance...of his own achievements, stimulate further efforts on his part."[1] Being played with by adults and older children helps the infant to expand the repertoire of people to respond to.

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[1] J. Klein. Educational component of day care. Children Today, 1972, 1, p. 4.

A good deal of research has found a relationship between social behavior and the level of language development.[2] Verbal communication among adults, infants and young children provides cognitive stimulation and opportunities for language development. It can also be an integral part of a social atmosphere in which communication is enjoyed and regularly takes place.

Materials should be versatile to encourage action and variety in use, and offer sufficient and appropriate developmental challenge so that the child can persist and work toward personally set goals of exploration and discovery. "Play should be a combination of exploring new objects, practicing new skills, meeting new challenges, and enjoying the ease of using a skill already mastered, the comfortable feeling of reexploring the familiar."[3]

Environments for infants and toddlers should offer a balance between consistency and routine on the one hand, and stimulation and novelty on the other. Infants and very young children must be protected from overstimulation and disorder, from those elements in the environment which can be overwhelming and which limit attention and purposeful exploration. Thus the proper amount of stimulation is a balance, in which the infant and young child are protected from excessive stimuli which overwhelm him or her (for example, in noise or movement), but is given enough enjoyable and satisfying stimulation to prompt or encourage responsiveness.

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[1] L. B. Murphy, op. cit., p. 49.

[2] See, for example, G. Murphy, L. B. Murphy, & T. M. Newcomb, Experimental social psychology. New York: Harper & Row, 1937; L. B. Murphy & A. M. Moriarty, Development, vulnerability, and resilience. New Haven, Conn.: Yale University Press, 1976; L. Yarrow, Conceptualizing the early environment. In L. L. Dittmann (Ed.), Early child care. New York: Atherton Press, 1968.

[3] A. Willis & H. Ricciuti. A good beginning for babies: guidelines for group care. Washington, D.C.: National Association for the Education of Young Children, 1975, p. 42.

Any group of people who live or work together establish rules of behavior. In an educational program for young children this serves an especially vital function because very young children need help in controlling their own impulses. Such rules can begin by making the day an orderly sequence of activities. A routine which follows a particular format each day enables the children to predict for themselves what will come next. If blocks, toys, paints, and other materials in use during the day have a place where they are kept when not in use, and if the rules are that they be put away when children have finished using them, then not only can children know where things are if they need them, but they can get them without depending upon an adult. If work is to be respected, then there must be rules that a child's work is not interrupted. If there is a rule that you cannot knock over someone else's construction, then you know that no one else is likely to destroy your own. Such rules serve the interests of all the children in ways that can be recognized by the children themselves, for example, to act independently within known limits, or to control destructive impulses. Controls should function to protect the work and play of the group. They are rational, not irrational, and functional, not arbitrary. Rules which are arbitrary and punitive merely demonstrate to children that adults are rulers by fiat. When rational rules are enforced by an adult, the adult is a rational authority.

Similar principles should be applied to discipline governing the children's safety. It is important to note, however, that if these ideas about how rules should be exercised and applied conflict with local child-rearing practices, they must be adapted in accordance with the mutual wishes of parents, community groups, and educators, who together plan the educational program.

American Indian and Alaskan Native children and families live in two worlds which are often in conflict. The parents we interviewed want their children to succeed in the white world of the mainstream culture and want them as well to recognize and affirm their Native American identity. In the educational programs for their young children, both these worlds must meet and blend constructively. The child's identity through many family members (grandparents, uncles, aunts) in established clan and tribal structures must be known and taken into account. The role of adults and teachers with respect to rules and controls should, in the end, be viewed from the perspective that as significant adults in children's lives, they are the people through whom children learn to form an image of themselves.

Cognitive Development in the Educational Environment

For the very young, learning grows out of direct involvement and participation, thus giving a central role to learning through experience.[1] Further, there must be a flow from previous to successive experiences. Learning occurs when connections are made and relationships found which arouse curiosity and propel the learner to further discovery. If connections are to be made which are based on children's experience, bridges must be built between home and school, between the home-self and the school-self. Curriculum is made relevant to the life experiences of the children by including their families, culture, and community.

This is achieved through the participation of adult family members and other members of the community: through their active participation in the formulation of educational goals which are compatible with the values of their culture; and in their direct contribution through the telling and discussing of stories and cultural traditions, teaching of Native crafts, cooking local foods, and recounting their own childhood experiences. Connections between home and school are thus made tangible and vital to children by known, respected and knowledgeable adults who have an important contribution to make to their learning.

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[1] J. Dewey. Experience and education. London: Collier-Macmillan, 1962 (first published in 1938).

Programs for infants and young children must base their approaches on the local child-rearing practices of the Native American communities in which they are located and will respect the cultural patterns which traditionally are involved in the raising of children. If the adults working with children understand and know the local culture and community and are able to make them an integral part of the curriculum, then the learning experiences of the children will be relevant to their Indian and Alaskan cultures. This will mean, for example, the inclusion of Native legends and tales when stories are told. As Winona Sample has urged, such a program

> Provides objects which the children see and use in their homes and community, e.g., pottery, baskets, dolls dressed in Native costume, blankets, rugs, musical instruments, cooking utensils, etc.
>
> Makes proper use of articles of clothing, dances, stories, songs, etc., in keeping with tribal traditions and religious beliefs...
>
> Utilizes the expertise of parents and community members to introduce children to, or encourage their participation in, such skills as silver-smithing, rug weaving, pottery making, beading, and basketry, as practiced in the community.[1]

Activities and materials developed by teachers to help children in discrimination tasks, and in discovering similarities and differences, for example, can use Native designs as well as commercial materials. Many materials can also be made from common objects and a little ingenuity.[1] Dress-up clothes in housekeeping areas will make use of local clothing and work clothes familiar to children, so that their dramatic play will enable them to experiment with ideas and roles in the world around them which they are trying to understand and master.

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[1] W. Sample. Competence and culture for American Indian children. Chicago, Ill.: Erikson Institute for Early Education (undated), p. 6.

Studying and learning about the natural environment is an important part of the curriculum during the early years. The natural environment is the immediate community and its surroundings, be it mesa, tundra, mountain, grassland, red clay, or desert. Such study will use the knowledge and skills children already have as a base. Use of familiar and immediate surroundings enables the staff to create materials in collaboration with parents and other community members.

For the infant, cognitive growth, according to developmental theory, is promoted through action with objects and people. In the earliest months the infant discovers that his own behavior has consequences--repeated knocking of a mobile or rattle produces interesting noises and movement. Subsequently, intentions become elaborated: the infant puts objects into other objects and takes them out again; or a great deal of time might be spent in putting and retrieving objects from behind or underneath others. As Kagan points out: "It is assumed that these experiences not only teach the infant about the object, but also... persuade the infant that he can have an instrumental effect upon the world... [and that] the presence of toys...invite the infant to manipulate them and provide him with distinctive sensory feedback."[2] It is important that a variety of objects be available for this kind of exploration and learning and that, as mentioned earlier, an adult be available to share in and encourage such activities.

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[1] R. Rippy (Ed.), Finding and using scrounge materials. Developed and published by Teacher Corps Project, District 3, New York: Bank Street College of Education, 1975.

[2] J. Kagan. Cognitive development and programs for day care. In E. Grotberg (Ed.), Day care: resources for decisions. Washington, D.C.: Office of Economic Opportunity, Office of Planning, Research and Evaluation, 1971, p. 140.

A key factor in intellectual functioning is observation. Indeed, many of the greatest scientific discoveries have begun with a new observation. Children are natural observers; they assimilate knowledge through all means available and especially through sensory channels. Observing and listening are highly valued by many Native Americans and children often learn by these means rather than through verbal explanations. A preschool program can refine and differentiate these skills. In her discussion of the role of the school in sensitizing children to the surrounding world, Biber says:

> The "things" of the preschool world offer a wealth of sensory experience: the rough sand in the box, the smooth velvet covers for the doll bed, the red paint jar beside the black one, the hard blocks than cannot be squeezed into a small space, the too-soft clay that cannot be made to hold a shape....The "things" alone are not adequate teachers...it is the sensitive teacher who supplies the accents for the child's experience...perhaps by standing so quietly that one can try to hear the sounds the fish make when they pass each other in the tank...by clutching a pan of snow...for the children to watch as it melts inside the warm room.[1]

Biber suggests that refined and differentiated thinking grows from the guided experience of variety and range in activities:

> When the content is intellectual, the same principle governs: there are different ways of solving a problem or expressing an idea, many sources to be probed for a full assembly of fact, contrasting opinions to be deduced from a common body of information.[2]

In a program for young children play is the activity, par excellence, in which cognitive, social-emotional, and physical events converge and become highly visible. As Sutton-Smith[1] has suggested, play may be held in disrepute in the context of school because it is so very enjoyable. Largely due to the formulations of Piaget, play is no longer dismissed as an unnecessary frivolity, but is recognized as having important functions in cognitive development.[2]

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[1] B. Biber, Preschool education, op. cit., p. 21.

[2] B. Biber. A learning-teaching paradigm integrating intellectual and affective processes. In E. M. Bower & W. G. Hollister (Eds.), Behavioral science frontiers in education. New York: Wiley, 1967, p. 126.

When a child builds a "store" out of blocks, what is brought to this structure is the child's own experience of stores, and information gathered about stories from adults, television, and books. The construction of the store involves the synthesis of previous knowledge, information, and images into an organized whole, which, with the addition of imagination and physical skills, becomes the child's personal statement. As children work together, each child's statement encounters those of other children; views are shared, exchanged, and considered, and perhaps altered and reconstructed.

Dramatic play is considered a crucial activity for young children. The reasons for its importance are stressed by Shapiro and Biber:

> ...play is a vehicle for the active assimilation of experience, a system of transformation constructed by the child in his efforts to know the world through the taking of roles and the adaptation of available materials into essential props...a reflection of his relationship to the world outside himself, and a "natural" medium for exploration, discovery, and consolidation of learning...the child's symbolic reconstruction of reality, a way of finding out how things go together and...experimenting with the expression of feelings and types of interpersonal relationships.[3]

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[1] B. Sutton-Smith. The playful modes of knowing. In Play: the child strives toward self-realization. Washington, D.C.: National Association for the Education of Young Children, 1971.

[2] J. Piaget. Play, dreams and imitation in childhood. New York: Norton, 1962; M. Almy. Spontaneous play: an avenue for intellectual development. Young Children, 1967, 22, 265-277; V. Stern. Symbolization in play: developmental trends and unresolved issues. Paper presented at Wheelock College Symposium, "Symbolization and the Young Child," Boston, Mass., October, 1975.

[3] E. Shapiro & B. Biber. The education of young children: a developmental-interaction point of view. Teachers College Record, 1972, 74, pp. 72-73.

As language becomes a more effective means for expression and communication, teachers can create ample opportunities for questioning, for looking at books, for children to dictate their stories, for hearing and telling stories, and for talking about and learning the words which describe the children's activities. Thus children learn that words can express their feelings as well as their ideas, and that the written word can be shared in ways that the spoken word cannot.

What language or languages are used in the program will depend both on local circumstances and on the opinions and wishes of the local community, parents and educational staff. The Native language can be the primary language, with the gradual introduction of English; or English can be the primary language, with the Native language also introduced. Both these situations now exist. A third type of alternative would be that either the Native language or English is used exclusively. (For a discussion of these alternatives, see Section IX).

Teachers can use a variety of techniques to cultivate cognitive growth and language development, for example, by:

> Translating the children's activities into verbal statements, accenting words with tone and gesture;
>
> rephrasing the child's thought or action so as to lead toward a next step in generalization;
>
> providing varied situations in which a common concept of principle can be discerned although different materials, activities, and contexts are involved;
>
> responding to the specific content of the child's thinking and problem-solving activities and engaging with him in the pleasure of mastery and/or in the analysis of errors.[1]

In using techniques such as these, the learning of colors, numbers and shapes, size and classification concepts are embedded in activities in which they have an instrumental meaning, and where they are not divorced from the everyday activities which make such knowledge useful.

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[1] B. Biber, E. Shapiro, D. Wickens. Promoting cognitive growth: a developmental-interaction point of view. Washington, D.C.: National Association for the Education of Young Children, 1971, p. 19.

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In this discussion of the major streams of early development and their role as guiding principles in educational programs for infants and young children and their families, the following are selected as a summary of the range of purposes which such programs can serve.

1. Materials and opportunities for experiences which stimulate and enhance children's cognitive growth and competence;
2. Social stimulation, the opportunity to meet and interact with other children and with adults outside the family, especially important for children who live in comparative isolation and have limited opportunities for social interaction with people outside their families;
3. In those instances where the language of the home and community is different from that of the school, programs can provide early exposure to and opportunity to learn to express ideas in the second, mainstream, language;
4. Materials, concepts and ideas about children's growth and development, modes of play and interaction, introduced into the children's homes;
5. An introduction to school life in a relaxed and benign context;
6. A link between home and school which can lead to more effective parent participation and involvement in their children's educational lives (both for the present and in the future);
7. For early detection of developmental handicap, and for appropriate therapy and/or remediation;

8. For early detection of exceptional potential or giftedness;
9. Day-time care and education for children of mothers who work or who for other reasons cannot care for them;
10. The delivery of health, nutrition, and social services for all children and their families;
11. Opportunities for parents to work in the program, thereby giving both employment and the chance to learn more about children's development and ways of relating to young children;
12. Finally, the very existence and success of such programs can provide for the community as a whole a concrete embodiment of community concern for and commitment to young children; the program can provide a focus for continuing educational opportunities, and advocacy for children and their families.

The key factors in the programs described above are the competence and humanity of the staff and the interest and commitment of the community, parents, and staff in planning a comprehensive and continuous set of experiences for their young children. Without the presence of such a group of adults, no program, however well-designed, can succeed. With them, the program can provide an invaluable service to children and families which can affect their lives from a long-term point of view.

VII. SCHOOL LEARNING AND INTELLECTUAL DEVELOPMENT

Most information regarding the intellectual functioning of Native American children stems from intelligence and school achievement testing. Because educational achievement is routinely measured in most schools, and many studies include measures of intelligence in their assessment of Native American children, there is an abundance of test data. Such data are as misleading and invalid as they are plentiful. The well-known flaws of measurement of intelligence and achievement are especially operative in efforts to assess these characteristics among Native American people. Most measures of intellectual aptitude and all measures of educational achievement are fundamentally concerned with language and reading skills. People for whom English is a second, yet to be mastered language, or those with limited access to education are destined to obtain low scores. The content of most such tests favors those in the majority culture, and those who have lived in urban centers; it calls for information and styles of performing derived from urban life. The rural background of Native Americans is particularly disadvantageous in such a method of assessment. Further, the cultural background of most Native American children militates against the competitive, race-horse style of functioning required to achieve high test scores. It is doubtful that Native American children are comparably motivated to perform with distinction on such tests, and it may be inferred that their motivation is further impaired in the course of test-taking by meeting with test items whose content is irrelevant and alien to their background.

The availability of both aptitude and achievement test data make it seem that we can contrast aspects of intellectual functioning which reflect innate ability with those which indicate previous learning and cultural conditioning. However, it is being increasingly recognized that traditional measures of these seemingly different attributes overlap to a great extent. Each is a composite indicator of aptitude and achievement. All measures of aptitude, except perhaps those which might be obtained during the first weeks or months of life, and especially those which rely upon language and reading skills, are greatly influenced by previous experience and cultural background. Similarly, no measure of academic achievement is independent of intellectual aptitude. On the one hand, what a child learns in school in part reflects basic endowment (insofar as it is meaningful to use the term) and, on the other hand, our assessment of aptitude cannot be disentangled from what the child learns in school.

Despite the serious shortcomings of test data obtained from Native American children, deficiencies which make it impossible to arrive at an accurate appraisal of intellectual aptitude in absolute terms and which cast doubt on the masses of achievement test data which have been collected, they may nevertheless provide useful information. While there may be a constant error of unknown magnitude in much of the data, it may be possible to learn about developmental trends, areas of relative strength and weakness, and to make comparisons between groups for whom the tests are equally inequitable. Also, harsh as it may sound, with all their flaws, many tests call for a set of skills and a fund of knowledge not unlike the skills and knowledge which are considered essential for performing certain kinds of work. Irrespective of the multitude of valid reasons why Native American children tend as a group to perform less well, reasons which may be unrelated to their actual abilities and potential for developing these skills, the tests do provide an opportunity to observe the current ability of these children to perform in comparison with a wider reference group.

School Achievement

In their study of American Indian education, Fuchs and Havighurst[1] examined the data available on school achievement. Figure VII-1, reprinted from their report, summarizes the main findings of five such studies. It communicates several points about the measurement of academic achievement among Indian children. The deviation of obtained scores from appropriate norms varies markedly from study to study, illustrating the degree to which each study of achievement is influenced by its sampling procedures, conditions of administration, and the metric system and standardization data unique to each test used. It thereby casts doubt on the accuracy of any single assessment. At the same time, there is a remarkable consistency in the pattern of findings of these five studies. In all, older groups deviate from the norm to a greater extent than younger groups; with the passage of time Indian children fall progressively more behind standardization groups in their academic achievement. While it is misleading to take literally the grade level units of quantification provided by the test-maker and to interpolate linearly in order to establish a child's grade level, the data consistently show that deviation from the norm increases with time spent in school.

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[1] E. Fuchs & R. J. Havighurst. To live on this earth: American Indian education. Garden City, N.Y.: Anchor Press/Doubleday, 1973. A comprehensive review of test findings is also provided by B. Berry, The education of American Indians:

Data obtained from a more recent study of achievement conform with the pattern of previous findings. Bass studied achievement test data obtained from over 4,000 ninth grade Native American students, many of whom were retested in successive years throughout high school.[1] His data were obtained from students in seven states (Alaska, Arizona, Nebraska, New Mexico, Oklahoma, South Dakota, Utah), who were attending Federal and public schools on and off the reservation.

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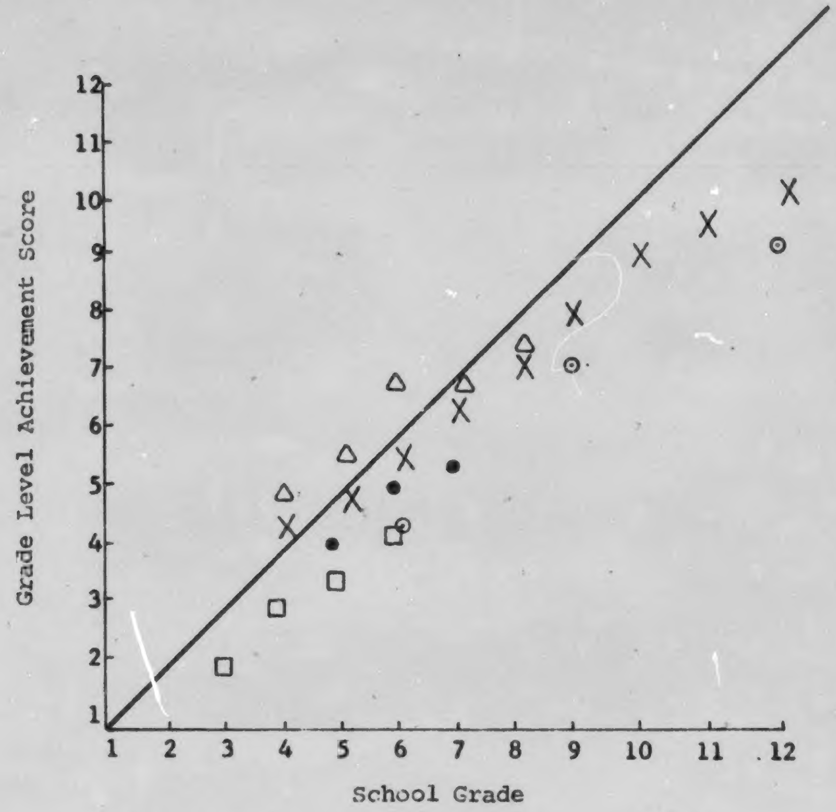
a survey of the literature. Prepared for the Special Subcommittee on Indian Education of the Committee on Labor and Public Welfare, United States Senate. Washington, D.C.: U.S. Government Printing Office, 1969.

[1] W. P. Bass. An analysis of academic achievement of Indian high school students in Federal and public schools. U.S. Department of the Interior, Bureau of Indian Affairs, Contract No. 14-20-0650-1689, May 1971.

Figure VII-1*

School Achievement of Indian Pupils



*Source: E. Fuchs & R. J. Havighurst. To live on this earth: American Indian education. Garden City, N.Y.: Anchor Press/Doubleday, 1973.

Key:

X Coombs, et al.

□ Rough Rock & Rock Point

● Yakima

⊙ Coleman

△ Bryde

Bass also found that Indian children fall progressively farther behind in relation to existing norms during their four years in high school. Table VII-1 indicates that the difference in grade placement for students at the 9.1 grade level in Reading and those at the 12.8 grade level was two grades rather than the 3.7 one would expect. In Mathematics the grade placement difference between beginning ninth graders and graduating twelfth graders was only 1.3 (1966-67) and 1.9 (1967-68). Corresponding differences in Language scores were 2.5 and 2.0, respectively. Thus, this sample of Indian students was approximately one grade behind academically when they started high school, and were two-and-a-half years behind when ready to graduate. Relative to national norms, scores were highest in Language and lowest in Mathematics; the greatest decline from the ninth to the twelfth grade occurred in Reading.

Table VII-1*

Academic Achievement by Grade
California Achievement Test Battery

	Actual Grade Placement	Test Score Grade Level (1966-67)	Test Score Grade Level (1967-68)
Reading	9.1	8.0	8.0
	12.8	10.0	9.9
Mathematics	9.1	7.5	7.3
	12.8	8.8	9.2
Language	9.1	8.4	8.8
	12.8	10.9	10.8
Total Battery	9.1	8.0	8.0
	12.8	10.1	10.2

*Source: Adapted from W. P. Bass. An Analysis of Academic Achievement of Indian High School Students in Federal and Public Schools. U.S. Department of the Interior, BIA, Contract No. 14-20-0650-1689, May 1971, p. 30.

Data obtained in the course of the present study show a similar picture. On the Choctaw reservation, the Metropolitan Achievement Test (Primary I) was administered to second and third graders.[1] In the second grade 60 of 67 children scored below the 25th percentile in Reading, and 38 children made equivalently low scores on the Math portion. The pattern was reversed among third graders, in that performance was worse on the Math subtests. Seventy-two of 89 third graders scored below the 25th percentile in Math and 61 did so in Reading. Among 656 fourth to twelfth graders tested with the California Achievement Test, at least 75 percent of the children at each grade scored below grade level. Fourth and fifth graders were less than two grade levels below norm values, whereas high school students scored more than three grade levels below the norm.

Achievement test data obtained from Title I evaluation in the Juneau area yielded similar results.[2] A little less than half the students in the Bethel Agency (697 of 1681) were found to be at least one year below grade level on the Reading, Math, and Language tests. In Barrow, more than half the students (344 of 576) were lagging similarly in their educational progress. Data from the Fairbanks Agency present a picture similar to Barrow; 118 of 172 scored at least one year behind in Reading, Math, and Language.

Interrelations Between and Among Achievement and Aptitude

The Wide Range Achievement Test and the Chicago Nonverbal Examination were both administered to a sample of 72 Indian students ranging in age from 11.1 to 15.4 who attended the Riverside Summer Institute at Anadarko, Oklahoma in 1970.[3]

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[1] Obtained from Guidance Office of Choctaw Central School.

[2] ESEA Title I Evaluation, BIA, Juneau Area, Fiscal Year 1975.

[3] M. C. Hollingshead & C. Clayton. Study of the relationship between the performance of Indian youth on the Chicago Nonverbal and the Wide Range Achievement Test. Bureau of Indian Affairs, Anadarko, Oklahoma, July 1, 1971.

Whereas the mean level of performance on the intelligence test (98.37) corresponded very closely to that of the national norm of 100, the scores obtained on the Reading, Spelling, and Arithmetic scales of the achievement test were significantly below norm values. Girls performed at norm levels on the Reading and Spelling scales; the boys' scores were dramatically lower. The sex difference in scores was much greater than that predicted by normative data. Only on the Arithmetic scale was performance uniformly low for both sex groups. No sex differences were found on the Chicago Nonverbal scores.

This same sample was given the Wechsler Intelligence Scale for Children (WISC).[1] The WISC is made up of subtests that yield an IQ based on a performance score and subtests that yield an IQ based on a verbal score. In the normative samples these two scores are approximately equal, and together give a composite IQ. For this sample the mean IQ was 92.13. But there was a considerable discrepancy between the Performance and Verbal Scales: The mean Performance Scale IQ was 99.55, the Verbal Scale score was 87.08. Furthermore, the mean Performance score for boys was five points higher than that for girls, a pattern exactly reversed in the Verbal Scale IQ.

Information regarding achievement test scores, IQ, and differences between verbal and performance measures among Eskimo children is available from a comprehensive study of the effect of otitis media on intellectual and academic performance.[2] Of a cohort of 489 children, three-quarters were found to have a history of ear disease. This group was subdivided into those for whom the onset of the first attack occurred during the first two years of life and those who were first afflicted at a later age (age two to ten years). Selected subtests of the WISC were administered to 380 children. The mean Verbal IQ for the entire sample was found to be 77, the mean Performance IQ was 98, a discrepancy of 21 scale points. Children who had had otitis media before the age of two obtained significantly lower mean verbal scores than children with no history of otitis media and no hearing loss. The group with normal hearing obtained a mean Verbal IQ of 80. Differences among these groups in Performance IQ were much smaller and did not achieve statistical significance.

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[1] Ibid.

[2] G. J. Kaplan, J. K. Fleshman, T. R. Bender, C. Baum, & P. S. Clark. Long-term effects of otitis media: a ten-year cohort study of Alaskan Eskimo children. Pediatrics, 1973, 52, 577-585.

Those children with no history of ear disease and no hearing loss were approximately one year behind according to their achievement test performance. Children with a history of ear disease were farther behind academically, and the gap between them and children without ear disease increased with the passage of time. In addition to establishing that a history of ear disease is clearly associated with lower Verbal IQ and with impaired school achievement, this comprehensive study of a large sample of Eskimo children shows a very considerable gap between Verbal and Performance IQ, irrespective of whether ear disease or hearing loss are involved.

Further evidence of the substantial discrepancy between verbal and nonverbal test performance is offered by Cazden and John, who show that Coleman's data indicate that the performance of Indian children is unique in this regard.[1] Whereas Coleman's data show scant differences between verbal and nonverbal test performance among black and white children, a sizable discrepancy (again favoring Performance IQ) was found among Indian children.

The verbal/nonverbal performance gap is further illuminated by data obtained from very young Indian children. Cazden and John report preliminary findings of a study of Paiute children which indicate that Gesell Developmental Quotients obtained from children under three years of age are essentially at norm levels, but begin to decline as the verbal content of these scales becomes more prominent. Similarly, infants who participated in the Choctaw Home-Centered Family Education Demonstration Project were found to perform well above norm levels on the Bayley Scale of Infant Development, a nonverbal measure of early development.[1] When these same children were tested with a verbal measure (McCarthy General Cognitive Index) as they grew older, their scores fell considerably below the norm. In our own observations of very young children, we noted their ability to perform tasks requiring fine motor coordination at unusually early ages and with exceptional dexterity. In addition, we observed that Indian children could work puzzles effectively about a year earlier than their non-Indian counterparts typically perform them.

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[1] C. B. Cazden & V. P. John. Learning in American Indian children. In M. L. Wax, S. Diamond, & F. O. Gearing (Eds.), Anthropological perspective on education. New York: Basic Books, 1971.

Vernon administered a battery of tests to 50 Canadian Eskimo boys, aged 10 to 12.[2] While they were only slightly below average in spelling comprehension and usage and in vocabulary, their arithmetic achievement scores were extremely low. However, they performed well on spatial tests, picture recognition, and the embedded figure test. Thus, Vernon's results also point to different levels of ability to deal with verbal and nonverbal tasks. Congruent with this pattern are the findings obtained by Feldman, et al., who administered the WISC Block Design to 68 Eskimo children aged seven through 19 years.[3] The mean scores obtained at each age level were well above norm values for every group but the seven-year-olds.

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[1] P. Quigley. Annual Report for the Choctaw Home-Centered Family Education Demonstration Project (OCD-CB-148-C2), 1975.

[2] P. Vernon. Intelligence and cultural environment. London: Methuen, 1969.

[3] C. F. Feldman, B. Lee, J. D. McLean, D. B. Pillemer, & J. R. Murray. The development of adaptive intelligence. San Francisco: Jossey-Bass, 1974.

Cognitive Functioning

In contrast with most assessments of intellectual functioning of Native American children which sample specific knowledge and skills by means of standardized tests, some studies have attempted to examine the processes of cognitive functioning which are assumed to underlie test performance. Such work, relatively new and seldom conducted with Native American children, has the potential for revealing in detail how Native American children deal with intellectual tasks--how they define problems and how their thinking is organized--and to identify distinctive features of their ways of thinking and problem-solving.

One form of such investigations examines the degree to which the intellectual functioning of children from a particular cultural subgroup corresponds to patterns shown by children of the majority culture. Silk and Voyat studied aspects of cognitive development among the Oglala Sioux at Pine Ridge.[1] They administered a series of Piagetian tasks to a sample of 75 children from four to ten years of age. They found that Piaget's theoretical hypothesis that cognitive development proceeds in a fixed sequence of stages was corroborated by the performance of Sioux children. The age of attainment of these stages of development was in some instances directly comparable to those found by Piaget among Swiss children, and in others was slightly behind that of Swiss children.

Several studies have examined the development of classification behavior and logical reasoning in children by observing the criteria they use to sort various objects or materials. One method, with many variants, asks the child to match a standard by choosing between an object of like color and an object of like form. Previous studies have shown that young children typically prefer color but shift their preference from color to form somewhere between the ages of four and seven. Children from minority groups and/or economically deprived backgrounds usually shift from color to form at a later age. Spellman found that the Caddo Indian children he studied showed a preference for matching by form earlier than did comparison groups of white children.[1] He concluded that Indian children are relatively advanced in development of classification skills.

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[1] S. Silk & G. Voyat. Cross-cultural study of cognitive development on the Pine Ridge Indian Reservation. Pine Ridge Research Bulletin, January 1970, No. 11, Department of Health, Education, and Welfare, Indian Health Service, Publication HSM80-69-430.

An early study by Carroll and Casagrande related the way Navajo children sort objects to aspects of Navajo grammar. In the Navajo language certain verbs require different forms depending on the shape of object being dealt with. Thus the grammar focuses attention on the form and shape of things.[2] Carroll and Casagrande found that among three groups of Navajo children, Navajo-speaking (or Navajo predominant), bilingual, and English predominant, the most pronounced tendency to sort objects in terms of form as opposed to color was found among the Navajo-speaking children. This study suggests that language and certain kinds of experience influence the bases for making that classification.

In a comparative study of performance on a series of block design tasks devised by Feldman to measure different levels of cognitive development, she found that Kentucky mountain children had a greater tendency to attend to both shape and color than did Eskimo children.[3] Feldman attributes this difference to the fact that Eskimo children have less experience with primary colors and learn from an early age to focus on form perception because of its survival value.

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[1] C. M. Spellman. *The shift from color to form preference in young children of different ethnic backgrounds*. Austin, Texas: University of Texas Child Development Evaluation and Research Center, 1968.

[2] J. B. Carroll & J. B. Casagrande. The function of language classifications in behavior. In E. E. Maccoby & E. L. Hartley (Eds.), *Readings in social psychology*, 3rd edition. New York: Holt, Rinehart & Winston, 1958, pp. 18-31.

[3] Feldman, et al., *op. cit.*

In attempting to account for the failure of many Eskimo children to show more advanced forms of logical reasoning in the block tasks, Feldman speculates about the role that language may play in such tasks. She distinguishes between knowledge of language and the ability to use language in the service of thought, and suggests that Eskimo children may be deficient in both of these areas of functioning. Having found the use of English by Eskimo children to be both simple and undifferentiated, she raises questions about their ability to deal with abstract or complex ideas with exactness. Feldman likens the form of English used by Eskimo children to Pidgin English, and speculates that it is either unsuited for abstract reasoning or is simply not used for this purpose, and that the language of instruction, standard English, is too alien for the children to use to express complex ideas.

Kleinfeld cites the exceptional visual and spatial abilities shown by Eskimo people and refers to teachers' reports of the children's unusual ability to memorize visual patterns. She speculates that if they were helped to improve their English language skills, many children's natural abilities could enable them to become successful mathematicians and physicists.[1]

Perhaps the most ambitious effort to study the cognitive style of Indian children is that of John-Steiner and Osterreich who observed, measured, and obtained self-descriptions of learning patterns of Pueblo children, and of selected comparison groups as well.[1] Wide-ranging in both method and scope, the focus of their study is the degree to which the representational behavior of Pueblo children is mediated visually rather than linguistically. They cite Velma Garcia's speculation that Pueblo children, in listening to legends, learn to represent them visually because they are not allowed to ask questions or reflect verbally on what they hear.[2] In attempting to show that Indian people use visual imagery a great deal, John-Steiner and Osterreich report on the rich visual details and the unusual reliance on graphic metaphors provided by Pueblo adults when asked to tell of their childhood experiences.

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[1] J. S. Kleinfeld. Characteristics of Alaska Native students. In Alaskan Native needs assessment in education. Project ANNA, Juneau Area Office, Bureau of Indian Affairs, 1974.

When children's drawings were analyzed in terms of their artistic merit, John-Steiner and Osterreich found that kindergarten and first grade children who are primarily Keresan-speaking, and who live in a visually rich environment, obtained the highest scores. At the same time, these and other bilingual children were less effective in retelling stories in English. They relied more heavily on graphic skills as a vehicle for communication and representation. Interestingly, when those children who spoke both languages were asked to retell a story in their weaker language, they included more elements which were related to what had been illustrated pictorially. They had difficulty remembering content which was not portrayed visually as well as verbally. On the other hand, white children often retold the purely verbal aspects of the story they heard.

In a similar vein, Collier found that Navajos were exceptionally skillful in identifying and interpreting visual detail in photographs of familiar scenes.[1] Havighurst and Neugarten found that the free drawings of 12-year-old children from the Hopi reservation were judged to have a more advanced sense of realism and spatial representation than a comparison group living in a northern urban center.[2]

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[1] V. John-Steiner & H. Osterreich. Learning styles among Pueblo children. Final Report, U.S. Department of Health, Education, and Welfare, NIE, Grant No. HEW:NE-G-00-3-0074. Albuquerque, N.M.: University of New Mexico, August 1975.

[2] V. Garcia. An examination of early childhood education of the American Indian: a relationship of culture and cognition. Albuquerque, N.M.: University of New Mexico, 1974 (mimeo).

When educators interviewed in the course of this needs assessment were asked to discuss the most serious learning problems they encountered among Indian children and to describe any distinctive features of the children's learning patterns, most identified the children's inadequate mastery of English as their most serious educational problem. Others likened Indian children to all other rural children, referring to their restricted language skills and the narrowness of their information base. Some individuals referred specifically to the tendency of Indian children to learn by observation. They described a learning pattern in which children are reluctant to proceed on a trial-and-error basis, preferring to continue observing the model behavior until they feel ready to execute it perfectly the very first time they try to do it. According to this viewpoint, extensive verbal explanations are largely ineffective as a means of promoting learning. These observations dovetail with the interest of John-Steiner and Osterreich in children's observational learning and the degree to which representational behavior may be based on visual imagery.

Our observation of children in classrooms noted the limited discourse in most classrooms and the almost skeletal command of English exhibited by many of the children. Most of the learning of English was passive; children were simply required to listen to what the teacher had to say. Usually, they spoke only to provide one- or two-word replies to specific questions. There was little opportunity for children to use English in elaborated, conceptually complex ways.

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[1] J. Collier, Jr. Visual anthropology: phylography as a research method. New York: Holt, Rinehart & Winston, 1967.

[2] R. J. Havighurst & B. L. Neugarten. American Indian and white children. Chicago: University of Chicago Press, 1954.

Summary and Implications

Test data purporting to assess the intellectual aptitude and academic achievement of Native American children abound, but a multitude of factors--the culturally biased content of these tests, bilingual background of many Native American children, inappropriate linear interpolation of age scales, lack of information regarding the conditions under which the tests were administered, and the motivational level of the children during testing--render the mass of existing data difficult to interpret. Nevertheless, certain trends stand out and appear to be valid: Native American children perform better on nonverbal than on verbal tests, and their academic achievement, as compared with a standardization group of age-mates, lags progressively as they pass through school.

In assessing the significance of achievement test data, it is important to remember that a child's reading skill has a decisive effect on performance irrespective of the test's specific content. The findings reported here indicate low mathematics achievement scores and also point to the pervasiveness of below-norm performance. However, before assigning meaning to a profile of achievement test scores, it is essential to determine how performance on each subtest is influenced by the child's reading ability. Despite the apparent specificity of their content, some achievement tests reflect little more than the child's reading skill.

The results of standardized testing may be interpreted in profoundly different ways. They can be dismissed because of the acknowledged cultural bias of the tests and the fact that performance on most tests is largely a reflection of language mastery and reading skill. Since English is a second language for large numbers of Native Americans, it is to be expected that their language and reading competence will develop more slowly.

On the other hand, the language deficiency indicated by the tests may represent more than a measurement artifact. Feldman suggests that the form of English used by Eskimo children seldom deals with abstractions or conceptually complex phenomena and that children's subsequent learning of standard English is too limited to enable them to deal with complexity in English. Thus she concludes that these children lack the linguistic tools to engage in thinking which is complex and exact. Because of their poor English, Feldman believes that Eskimo children are exposed to a minimally abstract curriculum. She questions whether their language is sufficiently differentiated, both grammatically and lexically, to permit the use of standard instructional procedures. She emphasizes the need to help children to learn to represent their abstract ideas linguistically.

The recent work of John-Steiner and Osterreich deals with the same problem in a very different way. They advocate that all schools, but especially those for Indian children, should rely less exclusively on verbal presentation. They call for a greater diversity of instructional approaches, a synthesis of visual, observational, and exploratory methods which will complement traditional reliance on verbal representation. They believe that such diversity will be more responsive to the established cognitive patterns of Indian children and thereby support deeper and more rapid learning.

Clearly, both avenues need to be taken. Native American children need to be helped to improve their active mastery of spoken English in ways that will enable them to deal more effectively with abstractions, as Feldman recommends. At the same time, schools for Native American children need to become more aware of the children's distinctive learning styles, and to shift and broaden their methods of teaching in accordance with the directions outlined by John-Steiner and Osterreich.

VIII. EDUCATION FOR INDIAN AND ESKIMO CHILDREN

This section consists of three major subsections. The first presents some statistics concerning the education of Native American children; the second is a description of currently available educational programs for Indian and Eskimo children through age eight; and the final section gives an account of needs in education and attitudes towards existing programs as these were expressed in our interviews.

OVERALL FACTS AND FIGURES

According to the 1970 Census, there were 93,436 Native American children under the age of five and 104,603 children aged five to nine years (see Table VIII-1). These two age groups add up to 198,039 persons or 25 percent of the total population of Native Americans. A significant statistic for educators and educational planning is that 353,106 Native Americans are under 18 years old, constituting 45 percent of the total Native American population. Among Indians and Eskimos in rural areas, the under-18 age group comprises almost half (49.5%) of the total rural population of Native Americans. As can be seen from Table VIII-1, the rural population exceeds the urban in all age categories presented and has a substantially lower median age.

Census figures, while useful, should be examined with the knowledge that (1) there are continual complaints that all census figures represent undercounts;[1] (2) most census data are based on a 20 percent, and sometimes on a 15 percent, sample adjusted to represent the total population; (3) reservations and Alaskan villages with small populations are either not included in published census material or were not identified for the 1970 Census; (4) Bureau of the

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[1] For example, three independent counts of the Shiprock population found from 6,000 to 10,000 more Navajos in excess of the census count. The Navajo Nation: An American colony. A Report of the U.S. Commission on Civil Rights, September 1975, p. 117.

Census figures and census figures supplied by the Bureau of Indian Affairs and other sources are often discrepant because (a) the Bureau of the Census count of Indians on reservations includes only Indians living within reservations as of April 1, 1970, and some Indians live off reservation for part of each year (and were counted as residents of those off-reservation communities if that is where they were on April 1, 1970); and (b) Indians living adjacent to reservations or on trust lands outside reservations are not included in the 1970 Census count of the reservation population, but they may be included in BIA census counts.

Table VIII-1*

1970 Native American Population by Age
and Urban and Rural Residence

Age	Total	Rural		Urban
Under 5 years	93,436	54,206	(58%)	39,230
5-9 years	104,603	64,067	(61%)	40,536
Subtotal	198,039	118,273	(60%)	79,766
Under 18 years	353,106	215,184	(60%)	137,922
18 years & over	426,568	219,427	(51%)	207,141
All ages	779,674	434,611	(56%)	345,063
Median, American		nonFarm	Farm	
Indians	20.4	18.2	19.1	22.6
Median, Alaskan Natives	17.9	17.4	--	19.7

*Source: American Indians, Subject Report, 1970 Census of Population, PC(2)-1F. U.S. Department of Commerce, Bureau of the Census, 1973, pp. 2-5.

Schools Attended by Native Americans

In FY 1975, the BIA Annual School Census enumerated 190,226 Indian and Alaskan children aged five to 18 in school in areas under BIA jurisdiction.

This figure has risen substantially since 1965 (see Table VIII-2). In 1969, when the Bureau started its kindergarten program, five-year-olds were for the first time included in this count. In that year, 178,476 five- to 18-year-old children were enumerated as being in school. Thus, the five- to 18-year-old population in school in 1975 represents a rise of seven percent over the 1969 figure.

Table VIII-2*

Number of Children Aged Five to Eighteen in School, 1969-1975

Fiscal Year	Total in School	BIA Schools	%	Public Schools	%	Other Schools	%
1969	178,476	48,789	27	119,123	67	10,564	6
1970	185,587	47,878	26	126,859	68	10,850	6
1971	190,171	48,761	26	130,885	69	10,528	5
1972	197,211	48.605	25	138,519	70	10,087	5
1973	187,613	48,010	26	128,545	68	11,058	6
1974	190,031	47,561	25	131,912	69	10,558	6
1975	190,226	46,748	25	132,776	70	10,602	6

*Source: *Statistics Concerning Indian Education*, annually compiled, U.S. Department of the Interior, Bureau of Indian Affairs.

Note: Not all percentages add up to 100% because of rounding off numbers.

This increase in part reflects the rising birth rate of the Native American population in general over the past decades, and its especially steep acceleration since 1950. According to census reports, the Native American population increased by over 40 percent between 1950 and 1960, and by a further 50 percent between 1960 and 1970.[1] As Tyler has pointed out, "New methods of identification and of gathering Census data, and recently a new pride in Indianness are given as partial explanations of these tremendous leaps forward."[2]

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[1] American Indians, Subject Report, 1970 Census of Population, PC(2)-1F, *op. cit.*, p. xi.

[2] S. L. Tyler. *A history of Indian policy*. Washington, D.C.: U.S. Department of the Interior, Bureau of Indian Affairs, 1973, p. 235.

The new methods of identification mostly concern the criteria by which persons with mixed Indian and other ancestry can identify themselves as Indian.[1]

The vast majority of Indian and Alaskan Native children under BIA jurisdiction attend public schools, and their attendance in public schools has been increasing as additional facilities become available. The increase in public school attendance is matched by a decline in attendance in Bureau schools.

In 1975, 70 percent of all five- to 18-year-old Native American children in school attended public school and 25 percent attended Bureau schools. Attendance at Mission and other schools has held steady at five or six percent for the past several years (see Table VIII-2). In the past ten years (that is, 1965-1975), public school attendance has risen from 61 percent to 70 percent and Federal school attendance has declined from 32 percent to 25 percent. In other words, whereas in 1965 almost one-third of Native American children in school attended Bureau schools, in 1975 this figure had fallen to one-quarter.

Number of Federal schools. This general trend is mirrored by the decline in the number of schools operated by the Bureau (see Table VIII-3). Whereas in 1965, the Bureau operated 80 boarding and 178 day schools (a total of 258 schools), in 1975, 77 boarding schools and 116 day schools were in operation (a total of 193 schools). This represents a substantial reduction of day schools (62) but a very small reduction of boarding schools (3).

Many Bureau day schools have been supplanted by State schools which have been built in communities which, earlier, were exclusively served by Bureau schools. Furthermore, the Bureau encourages children to move to the public schools when possible on the grounds that "children become better adjusted to living with all people in a community when they associate with other children in public schools."[1] Many parents also send their children to public schools because they believe that the quality of public education is better.

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[1] See American Indians, Subject Report, 1970 Census of Population, PC(2)-1F, op. cit.

Table VIII-3*

Number of Schools Operated by the BIA, 1965-1975

Fiscal Year	Total	Boarding	Day
1965	258	80	178
1966	254	81	173
1967	256	80	176
1968	226	77	149
1969	223	77	146
1970	215	77	138
1971	200	77	123
1972	199	78	121
1973	195	76	119
1974	194	77	117
1975	193	77	116

*Source: _Statistics Concerning Indian Education_, annually compiled, _op. cit_.

Furthermore, children are also attending schools which are operated by tribes under contract to the Bureau. The Navajo Nation was the first tribe to undertake such an operation, choosing to exercise tribal control over the Rough Rock school in 1967. As of 1975, 15 schools are contracted to Indian groups from the Bureau in the following Bureau areas: Aberdeen (6 schools), Albuquerque (1), Anadarko (1), Billings (2), Eastern (1), Navajo (3), and Phoenix (1).

The relative stability in the number of Bureau boarding schools is somewhat deceptive because the boarding school enrollment has, in fact, steeply declined (see below). However, there are two main reasons why a more or less stable number of these schools remain to serve a dwindling population. First, boarding facilities are needed to serve children who come from broken homes or whose parents cannot care for them or who are wards of the court. Often such children make up the majority of the boarding school population. Second, existing boarding schools serve geographically distinct areas with children for whom no other schools exist.

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[1] _Statistics Concerning Indian Education_, annually compiled, U.S. Department of the Interior, Bureau of Indian Affairs, 1975, p. 2. Unless otherwise stated, educational statistics quoted here are from this source.

Enrollment and Attendance

Although the number of boarding schools in operation has remained stable while the number of day schools has greatly decreased, student enrollment shows a strong trend in the opposite direction. Since 1969, student enrollment in Federal boarding schools shows an enormous drop, while enrollment in day schools operated by the Bureau has hardly declined at all. Table VIII-4 shows that there were 5,377 fewer children attending boarding school in 1975 than in 1969. The parallel figure for day school enrollment is 106. The relative stability of enrollment in day schools is probably due to the fact that kindergartens have been added to more and more day schools since 1969; and that some schools have also added seventh and eighth grade classes. The fact that many boarding schools are underenrolled was confirmed by our observations and interviews. The number of children who live in Bureau dormitories but attend public schools has also dropped from 4,089 children in 1969 to 2,926 in 1975.

Table VIII-4*

Average Daily Attendance (ADA) as Percent of Enrollment in Federal Schools, 1969-1975

	Total		Boarding		Day	
FY	Enrollment	ADA %	Enrollment	ADA %	Enrollment	ADA %
1969	52,363	84	36,263	83	16,100	88
1970	52,195	83	35,405	82	16,693	86
1971	52,591	82	35,938	80	16,520	87
1972	53,763	80	36,407	78	17,239	86
1973	51,180	79	33,672	76	17,264	84
1974	49,524	80	32,456	77	17,068	85
1975	46,880	75	30,886	72	15,994	82

*Source: Statistics Concerning Indian Education, annually compiled, op. cit.

The average daily attendance (ADA) figures presented in Table VIII-4 show that boarders have a poorer attendance record than day school students and that ADA in both kinds of schools is dropping. Overall, ADA has dropped from 84 percent in 1969 to a disturbing 75 percent in 1975; that is, on any given day in 1975 one of four students was not in attendance at school.[1] For boarding schools, the figures are even worse. Since 1969 the ADA has dropped 11 percent, from 83 percent in 1969 to 72 percent in 1975. The figures for day schools show a drop of six percent during the same period.

Thus, children are enrolled in school who do not attend school; but there are also children between the ages of five and 18 years who are not in school at all. This statistic was published by the Bureau beginning in 1967 and appears below in Table VIII-5. As can be seen, it ranges from between four percent and six percent of the total number of children enumerated in the age group. The fact that the absolute figures show a great deal of fluctuation is difficult to explain and may be due to changes in methods of enumeration.

Table VIII-5*

Children Aged Five to Eighteen[1] Enumerated
and Those Not in School, 1967-1975

Fiscal Year	Total Enumerated	Not in School	%
1967	148,169	6,340	4
1968	152,088	6,616	4
1969	198,965	12,507	6
1970	205,574	12,052	6
1971	206,683	9,907	5
1972	213,245	9,119	4
1973	205,042	8,790	4
1974	208,939	8,254	4
1975	202,607	11,340	6

*Source: Statistics Concerning Indian Education, annually compiled, op. cit.

[1] In 1967 and 1968 the age range is from six years to 18.

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[1] Although ADA in public schools for the U.S. as a whole is also declining, the decline is less steep and the ADA is higher: 1970--90.4%, 1972--90.2%, 1974--89.2% (personal communication, National Center for Education Statistics).

If enrollment by grade is inspected in schools operated by the Bureau, several trends emerge from 1969 to 1975 (see Table VIII-6):

1. In the elementary grades, a rather steady decline is seen over the six-year period. This is consistent with the overall declining enrollment already discussed and heavily weighted by declining enrollment in boarding schools.

2. In each year from 1969 through 1973, enrollment also declines from first through third grade. Inspection of figures for all eight grades of elementary school confirms this as a general trend during this period.[1] This trend also holds true for grades nine through 12 (see Figure VIII-1). The first grade enrollment is thus usually the highest of all subsequent grades. A reversal of this consistent trend has taken place in 1974 and 1975, however; in these years, a slight increase in enrollment is apparent from kindergarten through third grade (see Table VIII-6).

3. Kindergarten enrollment shows more fluctuation than grades one through three and in 1975 is very much lower than the 1969 figure. The number of schools adding kindergartens, however, has been increasing. In 1969, the kindergarten program began in 34 schools. In 1975, 101 schools had kindergartens.

4. With the exception of 1974-1975, when enrollment increased, high school enrollment figures also show a steady decline. Even more significant is that in each year shown, enrollment from ninth through twelfth grade is less than one-third of the total elementary school enrollment, but comprises half the number of grades.

The declining enrollment from year to year is undoubtedly due to a movement to the public schools which, as noted, is encouraged by the Bureau. Somewhat more difficult to trace is the decline across grades after first grade. It too

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[1] Figures for each grade are not presented here. See Statistics Concerning Indian Education, op. cit.

Table VIII-6[*]

Enrollment by Grade in Bureau Schools

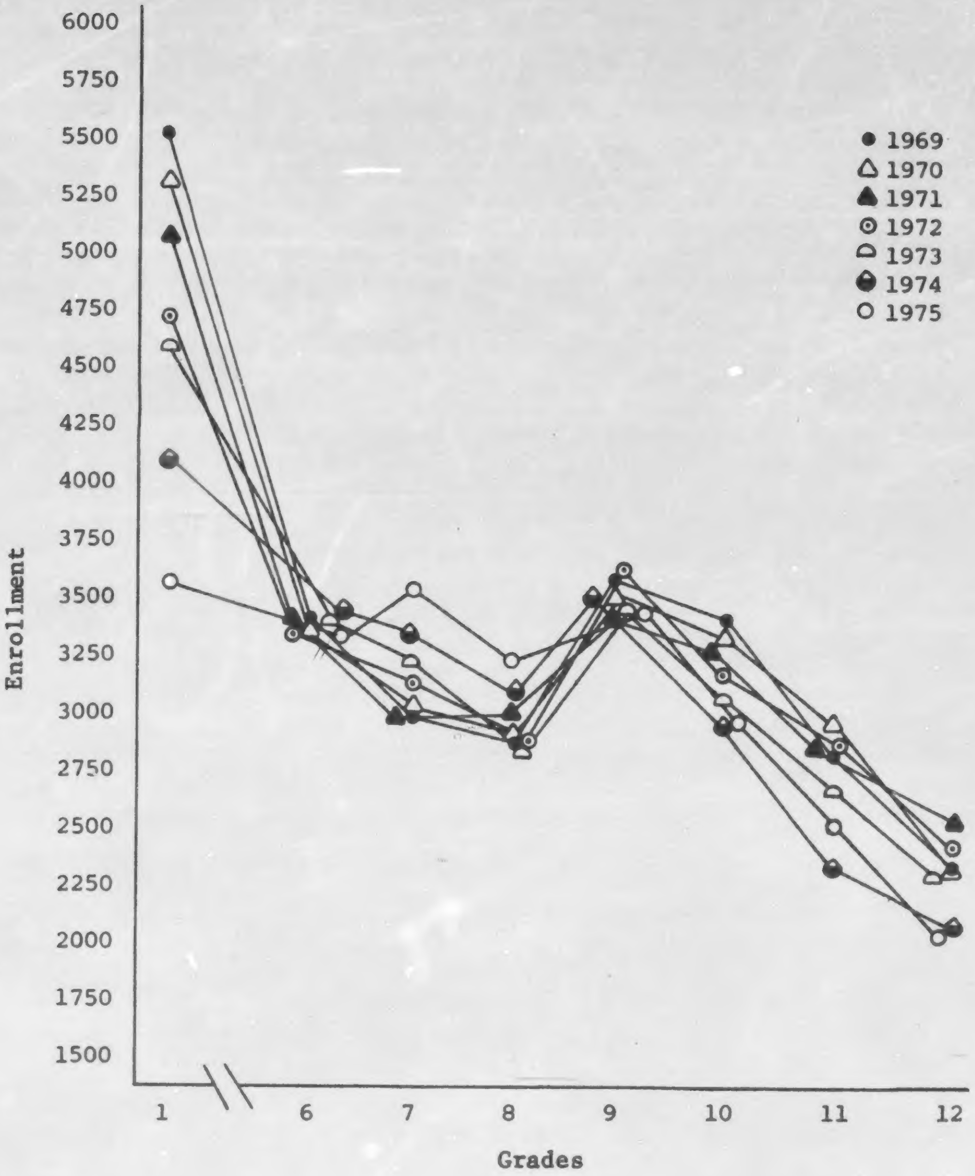
Fiscal Year	Kindergarten	First Grade	Second Grade	Third Grade	K-3	K-8	9-12
1969	4,300[†]	5,504	5,142	4,644	19,590	38,710	12,361
1970	4,971[†]	5,268	4,934	4,792	19,065	38,722	12,191
1971	5,375[†]	5,112	4,821	4,497	19,805	39,014	12,201
1972	5,210[†]	4,747	4,512	4,379	18,848	39,272	12,090
1973	4,292	4,552	4,607	4,396	17,847	37,129	11,658
1974	3,758	4,117	4,118	4,280	16,273	36,351	10,761
1975	2,485	3,566	3,724	3,748	13,523	33,468	11,015

[*] Source: Statistics Concerning Indian Education, annually compiled, op. cit.

[†] Figures include kindergarten and beginners.

Figure VIII-1

Enrollment for Selected Grades in Bureau Operated Schools



may be connected with increases in public school enrollment and a move to contract schools. Also connected may be a dropping out of children in the elementary grades. These speculations can only be confirmed by inspection of local public and contract school records. The high school enrollment decline is almost certainly largely due to the high dropout rate (see below).

As far as the decreasing enrollment in kindergarten is concerned, this may be due in part to the elimination of the beginners groups which, in turn, may account for the swelling enrollments in first grade. In FY 1973, the beginners classes were officially discontinued. These classes were for six-year-old children who were considered unready for first grade (and are included by the Bureau in the kindergarten enrollment figures--see Table VIII-6). In some areas, beginners groups were in fact discontinued only in FY 1975. The sharp dropoff in kindergarten enrollment from year to year since 1972, therefore, is probably the result of a move to first grade of the six-year-old beginners. The relatively high first grade enrollment probably reflects the same set of events, as well as the influx of children into the first grade to begin their schooling.

As a whole, therefore, these trends involve a convergence of complex and interconnected events: increasing public school enrollment, decreasing Bureau school enrollment, the institution of kindergarten programs coexisting with beginners groups, the gradual phasing out of the beginners groups, and perhaps an increasingly smaller incidence of children repeating grades.

As can be seen in Figure VIII-1, from the eighth to the ninth grade there is a sharp rise in enrollment so that ninth grade enrollment is about the same as that of sixth grade, before declining again with each succeeding year of high school. The obvious explanation for this is that for children who have attended other schools during the elementary years, no other high schools are available and they enroll or re-enroll in Bureau high schools. This may be especially applicable to children living in isolated areas such as in Arizona and Alaska.

The majority of Alaskan bush villages have no high school, and in Arizona there were no public high schools on reservations until 1968.

Dropouts and Graduates

The Bureau reports a dropout rate for kindergarten through twelfth grade of eight percent.[1] When we look at the high school population, the dropout rate is much more severe. The combined dropout rate for high school students in Bureau, public and private schools is 35 percent, down from a reliably reported 42 percent in the late sixties.[2] This high dropout rate in the high schools is confirmed by the discussion above (see also Figure VIII-1).

The number of students who do graduate from Bureau high schools is getting smaller, in absolute terms, each year (see Table VIII-7). Whereas in 1969, 2,039 twelfth graders graduated, in 1975 only 1,502 did so, a difference of 537. The twelfth grade enrollment was down 229 over the same period. The percentage of twelfth graders who graduated from 1969 to 1972 has declined 16 percent overall, from 89 percent in 1969 to 73 percent in 1975. A slight increase in the percent graduating (6%) is noted in 1975.

Table VIII-7

Number of High School Graduates, Bureau Schools, 1969-1975

Fiscal Year	Previous Year's 12th Grade Enrollment	Number of Graduates	Absolute Difference	Percent Graduating
1969	2,296	2,039	257	89
1970	2,392	1,939	453	81
1971	2,353	2,090	263	89
1972	2,522	1,958	564	78
1973	2,420	1,685	735	70
1974	2,324	1,566	758	67
1975	2,067	1,502	565	73

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[1] Dropout Rates in Bureau of Indian Affairs Schools, drawn from Annual School Attendance Reports, January 20, 1976.

[2] Facts About American Indians and Alaskan Natives, U.S. Department of The Interior, Bureau of Indian Affairs, March 1975.

In summary, Native American children are leaving Bureau schools in increasing numbers and the vast majority attend public schools. Even those who begin their schooling in Federal schools tend to leave; each grade has a smaller population than the one before. If a child gets to twelfth grade, the population of peers will be smaller than in kindergarten and, as discussed in the previous section, if he or she graduates, it will almost certainly be at a level at least two years behind grade norms. Moreover, the graduating student will be lagging further behind at the point of graduation than at any previous time.

DESCRIPTIONS OF EXISTING EDUCATIONAL PROGRAMS

Over the years the Federal government's obligation to provide education for Indian and Eskimo elementary school children has had to deal (with varying degrees of success) with the fact that an increasing number of Native American children attend State operated public school systems. Federal monies are going both to Federally operated schools, that is, Bureau schools, and to State supported school systems. The two agencies through which most of these monies are funnelled are the Bureau of Indian Affairs and the Office of Education. In recent years, the major legislation through which monies are appropriated are:

Johnson O'Malley Act of 1934 and subsequent amendments

Impact Aid, 1950 and subsequent amendments

Elementary and Secondary Education Act of 1965 and subsequent amendments, especially Titles I, II, III, VI

Indian Education Act of 1972, Title IV

Bilingual Education Act of 1975

Indian Self-Determination and Education Assistance Act of 1975

A discussion of this legislation and the administration of monies which it provides is not the task of this report. It should be noted, however, that when Federal monies are allocated to States, a complex of factors can affect the amount of money spent, what it is spent for, and how or if it is monitored. A recent report of the National Indian Education Association points out that the Johnson-O'Malley Act has led to Federal financing without Federal control, and notes that, although it was in part designed to do so, legislation has "not removed confusion and inequity from the business of financing Indian education in the public schools."[1]

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[1] Study of Title II of PL 93-638. A report prepared for the Bureau of Indian Affairs by the National Indian Education Association, Minneapolis, September 1975, p. 1.

The report goes on to note that:

> Since education is a function of the States, the States' various attitudes toward taxation and education on the one hand and toward Indians on the other, shape the ways in which educational costs are borne. State plans for financing education, for example, both determine and reflect how much of the cost of schooling is paid out of whose pockets.[1]

Brief Overview of Facilities

Federal elementary schools, for the most part, cover kindergarten or first grade through eighth grade, though there are some that go only through the fourth grade and others that just have kindergarten and the first one or two grades. On the Papago reservation, for example, the Bureau built roads to outlying villages in order to establish small day schools with kindergarten and first grade or kindergarten through fourth grade. Such a policy has several advantages: children are not bused long distances; teachers have the same children for several years and get to know children and families; the school has a better chance of being integrated into the community. In Papago, now, in a reversal of previous policy, some of these small, local schools will be absorbed into a more distant and larger school now being built.

Public and Federal schools usually have separate facilities for elementary and high schools, though there are schools that go all the way from kindergarten through the twelfth grade. Since the beginners level has been eliminated in Bureau schools (where children began at age six, entering first grade at age seven), children now start either in kindergarten or in first grade. The Bureau has added seventh and eighth grades to elementary schools in response to the wishes of many parents who want their children to stay home as long as possible.

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[1] Ibid., pp. 1-2. See also S. Smith & M. Walker, Federal funding of Indian education: a bureaucratic enigma. Washington, D.C.: Bureau of Social Science Research, Inc., 1973.

Schools visited by the study team reflect the range of facilities found in schools in any cross-section in the country. Many old buildings are still in use and, rather than being renovated, new units have been added when existing space became inadequate. Several Bureau schools visited had added prefabricated units on the school grounds to house kindergarten classes, and math or reading labs. There are also new schools, both public and Bureau. Many of these are lavishly designed and furnished, often spacious, light and cheerful. Some are notably more creative in their design, for example, in the way space can be used, than others. Except for small schools, the elementary schools have gyms but these are often ill-equipped, lacking wall bars, tumbling mats or ropes for climbing. Outside play areas, for the most part, were also not very well-equipped or designed.

The school, especially the Bureau school, is a highly visible institution in Native American communities. As Wax describes it:

> The visitor drives for miles on a reservation, scarcely noticing the small Indian dwellings nestling among the hills. Then there suddenly appears a school compound containing several large classroom buildings and perhaps a boarding hall, together with a large quantity of residential housing, much of it looking as if it had been lifted straight out of contemporary mass-produced suburbia. The whole, or at least parts of it, may be surrounded by fencing, and the residential housing may be graced with the only lawns to be seen for miles. The ecological contrast between Indian residential communities and school compounds is profound and is diagnostic of the relationship between Indian pupils and the educational establishment. The situation almost appears colonial, or at the least caste-like: between Indian community and schools there is a strong social barrier, typified by the fences which surround the compound.[1]

As previous observers have noted, rather than being a substitute home for children, the Bureau dormitories are institutional, barracks-like, utilitarian and dull in their basic design. However, new dormitories have recently been built and these have amenities such as carpeting, pool tables and coke machines. Even in the older dormitories we often saw efforts to create a more homelike atmosphere--curtains had been hung and pictures put on the wall.

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[1] M. L. Wax. Indian Americans: unity and diversity. Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1971, pp. 82-83.

As is true for the country as a whole, Bureau and public schools on reservations and in Alaskan villages are generally traditional in their outlook. There are traditional expectations of how children are grouped; what children are supposed to do in school and how they are supposed to do it; what an appropriate relationship is between teachers and children; and how a classroom and a school should look. This means that, on the whole (and except when school populations are extremely small as in some Alaskan villages and in isolated villages on reservations) children are in self-contained classrooms and grade levels are separate. In some new open-space schools there is sufficient flexibility and interest to provide alternative grouping of children and teachers.

A great deal of programmed materials, such as SRA, Distar, and Alphasets, are in evidence in the classrooms. In a number of schools there was a considerable amount of costly equipment. Children in the kindergarten and primary grades in many of the Bureau schools had a supply of tape recorders, with special earphones. There were color television sets in some classrooms. In a few instances, there was extensive audiovisual equipment for older children. If there is an over-reliance on such materials, children can become passive, and teachers can become merely the instruments for passing the ideas of others to the children.

There was a great deal of variability in the number and quality of supplementary materials in the classrooms and the degree to which they were used. In some classrooms there were very few books other than textbooks. Others had an adequate supply. One of the most impressive libraries we saw was in the Bethel agency. This was a good collection which was circulated to children in over 30

Bureau schools in the Bethel area and in addition to books included a great deal of material on videotape.

In the preschool programs serving Native Americans, and in contrast to the schools, the inadequacy of facilities is a major problem. In one Alaskan village, for example, a cook told us that "the greatest needs for the Head Start center are more heat in the winter and more storage space. At the moment, toys are stored in the kitchen..."

In this village, as in many other sites we visited, the Head Start program is located in the community hall which has social events at night, and therefore the teachers have to put the equipment away every afternoon and set it up every morning. In Casa Blanca, on the Gila River reservation, this problem was compounded by overcrowding; in one center there are too many children for the building, and another center has to operate on double session because of the large number of children enrolled.

In many communities parents and other community people have worked hard to find or build new facilities for the Head Start programs. In Chinle, 55 parents attended a meeting in the currently condemned Head Start building which lacks water, electricity and sanitation facilities, to plan the reopening of the center in a new double trailer that the chapter had bought. While we saw many Head Start centers that were housed in vacated BIA buildings, this is not true everywhere. In Cheyenne River, for example, Head Start badly needs expanded facilities but has been refused permission to use two fully equipped, unused kindergartens.

In spite of the fact that Head Start programs, along with all services on reservations, share the difficulties imposed by isolation, inadequate communications systems, poor roads and weather conditions, they have shown that in most places, it is possible to transport children to a school setting regularly.

Adjustments have been made in extreme circumstance, such as in Navajo Mountain where, because of the enormous area that the Head Start center serves, the children from Utah come two days a week and the children from Arizona come two days a week. Similarly, extreme weather conditions may affect the operating hours of preschool programs.

Educational Programs

Bureau Day Schools

Most of the teachers, aides, and other ancillary personnel whom we observed and interviewed in Bureau schools were sincerely committed to doing a good job with the children with whom they worked. Many positive attitudes towards the children were expressed: "The kids are friendly, outgoing, they want to learn, they are interested." "The children are curious, warm, friendly, open." "The children are very quiet, shy, inquisitive, interested." "The children are very outspoken, a joy to teach." Some people think that teachers may be too soft with children, too willing to accept second rate work or simply to pass them through in order to be nice.

Although some teachers have a high level of expectation for the children, they are discouraged by the many other difficulties the children have to contend with in their lives and by what they consider to be the lack of meaning of much of the education. For example, a teacher in the Dakotas told us: "It is discouraging to work here when you see what a bleak future the kids have. School seems so irrelevant to the lives of these children! It's a dream world; what are we really preparing them for?" A teacher in the Southwest said: "We don't have relevant education for these kids, they aren't getting the language down and they are getting lost. We must get away from so much stress on middle-American image in schools. The kids are turned off." If the children are turned off, and there is every indication that many are, at least part of the problem lies in the kinds of experiences they have in school.

There is very little curriculum that is related to children's experiences, either to the physical or the cultural environment in which they live. Although a number of tribes (for example, the Navajo, the United Tribes of North Dakota, and the Miccosukee) have developed culturally-related curriculum materials, for the most part these are used in the most mechanistic way, and become simply another set of workbooks and worksheets. We rarely saw situations in which the children were encouraged to talk about their own lives, their families, relate stories, bring in artifacts, trace their lineage, make maps of their own lands, or discuss current or past tribal organization or politics.

Minimal use is made of outside resources, such as people from the community coming in to talk with the children, to teach crafts, or music. In one school we visited, a group of grandparents were building a hogan on the school property, but none of the children was involved. In another school, a well-known local potter came to the school and rotated through the classes having the children work with clay for about half an hour. However, this was an isolated activity. The classroom teachers did not pick up and extend it in any way, through discussions, stories, or science activities.

Very few opportunities for direct experiences are provided. There are few instances where children are taken on trips to local places of interest (unlike in the preschool programs); for the most part, school trips are limited to large end-of-year activities. Minimal use is made of local resources, either in the work world or in the natural environment. There is little or no opportunity to recreate experience through writing, art, models, maps. We saw no efforts to encourage writing that is useful or relevant, such as letters to other classes, inquiries about a sick child's health, getting information from government agencies or businesses, etc. There is practically no creative writing in evidence. Most of the school and classroom walls display commercial materials. If children's work is displayed at all, it is usually a crayoned drawing related to an area of curriculum, or 25 identical pumpkins cut out of colored paper.

There is heavy emphasis on programmed materials. As a result, little or no research skills are being taught. The dictionaries used were commercial ones, and not supplemented by those made by children. There are few discussions among children or between teachers and children that are not related to correcting paper and pencil work. Children simply move from one set of materials to another, often at their own pace, but with little difference in the skills and abilities being tapped. There are few games, either commercial or developed by teachers.

A feeling of anonymity pervades many classrooms. The teachers are rarely called by their names; they are called simply "teacher." The children have little or no opportunity to make choices. At the same time there is seldom an expectation that the children will take responsibility for anything even as simple as routine classroom jobs; group decision-making among the children was hardly ever observed.

A number of teachers we interviewed expressed concern and dismay at what was happening in the classrooms in their schools. Many commented that children fall behind in the third or fourth grades. In fact, the fall-back of children was mentioned over and over again and we were repeatedly told of eighth grade children performing at fifth grade level, of the fall-back beginning in the second grade and being established by fourth grade, etc. While teachers and others were often distressed by this, many took it as a fact of life. When we asked why this fall-back occurred, many educators told us that they believed it was connected with inadequate language development. Sometimes teachers were blamed by other teachers for using the wrong methods and having the wrong attitudes.

One Bureau Education Specialist thought the teachers "expect children to read and if they have trouble with English they automatically think they are slow." She added: "We should use better techniques, more like those used with younger children--direct experiences, one-to-one and small groups; we should use more praise"; or another teacher who said: "I believe in learning by doing. There is too much busy work and paper materials in our classrooms"; or, from a teacher who had just taken the children out on a local trip to pick branches, seed pods, and cacti: "I don't really have any time to do this because there's so much Distar I have to do with the children." Feelings of frustration were expressed by many teachers, but few seemed able to break away from the all-pervasive paper and pencil group tasks and prescribed, prepackaged materials.

Two outstanding Bureau teachers who were "individualizing" their programs and not relying completely on programmed materials were doing so in completely different ways. One was traditionally oriented, the other had organized an open classroom. In the traditional class the children were seated in two long rows but had chosen to sit in that way; the teacher alternated between didactic teaching at the front of the class and work with individuals and small groups. Children were encouraged to help one another but a playful spirit of competitiveness was fostered through contests on such things as how many words could be pulled out of the phrase "Halloween is spooky." Daily passwords had to be spelled correctly before leaving the room for lunch. This teacher encouraged self-expression in many different ways, and also supported children's feelings of competence by having math or writing papers from every child displayed in the class.

The other teacher had developed an open classroom in the kindergarten; she made use of materials from the natural environment. She often took the children out for walks near the school where they picked up different kinds of stones and fossils which they then studied. She used a large area at the back of the school as an enclosure for two sheep, goats, rabbits, and chickens. The children had the full responsibility of the daily care of these animals. In the spring, a Navajo shearer came to the school and showed the children how he sheared the sheep, and then they washed, carded and wove the wool. The children had dictated stories to the teacher which were displayed in the classroom. Skills were being taught through study of the natural environment, as well as with the use of sequential learning materials. Everyone called this teacher by her given name.

Bureau Boarding Schools

Although it is popularly believed that children attend boarding schools entirely because of distance and transportation problems, according to one source, "Approximately 75 percent of such enrollments are for 'social reasons' or 'because they are not able to get along with others.'"[1] In other words, as noted earlier in this section, boarding school is a way of providing substitute care for children whose families are disrupted or are considered incapable of handling or caring for them, or who have additional problems. The boarding school population has changed over the years and, as Allen grimly puts it: "Eligibility for admission today is dependent on a number of factors: impoverishment of parents, geographic isolation, as an alternative to penal detention, and as an alternative to psychiatric hospitalization in institutions that do not exist."[2]

Boarding school facilities have been improved in recent years as have some of its policies. Whereas previous generations were forbidden to speak their own language, and were punished for doing so, children are now permitted to speak in their Native tongue. In addition, they are encouraged to go home on weekends. This innovation, widely praised by Bureau personnel, does not, however, always work out. In Papago, for example, the children are supposed to be bused home once a month but there is not enough money for the buses and the gas. A mother in the remote community of Navajo Mountain whose children go to the Shonto Boarding School said she would like to bring them home on weekends but she does not have enough money to pay for the gas for such a long trip.

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[1] Indian Family Defense, a bulletin of the Association on American Indian Affairs, Inc., November 1975, No. 4.

[2] J. R. Allen. The Indian adolescent: psychosocial tasks of the Plains Indian of Western Oklahoma. American Journal of Orthopsychiatry, 1973, 43, 268-375.

Children aged five and below, while often enrolled in boarding schools, are not supposed to be boarders. Nevertheless, everyone knows that there are some boarders in this age group, but presumably there is "nowhere else for them to go." Over five years ago, Havighurst pointed out that boarding schools "must cope with the loneliness and longing for parents of several thousand children below the age of ten."[1]

Although most of the boarding schools we visited provided a range of after-school and weekend activities for the older children, we consistently noted that few such activities or appropriate substitutes are available for children under ten (or for the increasing number of day students).

The different populations of students at the boarding schools--day students, students who are far from home, and students who are placed by social service agencies--have different needs. A large proportion of these children have already experienced problems in living severe enough to warrant their being sent away from their communities. The stress that these problems have generated means that these children have special needs. The situation calls for unusual skills and special training for the educators and for the adults who care for these children outside the classroom. Yet in terms of education there was no detectably different policy for these groups. And there is an almost total lack of supportive or therapeutic services, except for some academic counselling. The difficulties we were told about range from relatively simple ones that could easily be solved by better follow-up and more adequate funding ("We practically have to beg social services to give us money for clothes"), to those that bespeak more fundamental problems ("When a child runs away from school, we never find out why. We need a social worker or a psychologist attached to our school. When there is success, parents don't hear of it either").

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[1] R. J. Havighurst. The education of Indian children and youth. Summary Report and Recommendations. USOE OEC-0-8-080147-2805, December 1970, p. 41.

As noted in many studies and testimony at hearings, parents in general have mixed feelings about children's going to boarding schools. Most parents whom we interviewed indicated a preference for keeping younger children at home and preferred to send their children to public or Bureau day schools within reach. However, when the children get older some parents feel that they are better off being sent away. We attended a meeting in one of the Pueblos at which parents discussed plans for a new high school, the first on this reservation. One parent, reflecting the feelings of many others, said: "We would rather send our children to boarding school than have a high school here because we are afraid we can't cope with teenage problems here on the reservation on an everyday basis." Other people regard boarding schools as a place away from home which builds character and self-reliance.

In Alaska, many parents and Native officials were concerned that sending children to distant boarding schools has a divisive influence on families. We were told that after the boarding school experience many children came home resenting the lack of amenities offered in their homes and villages and looked down on their parents for tolerating such a state of affairs. Many people were in favor of local high schools and urged that they be built. The teenage children, however, were less in favor of this because they often looked forward to going away, seeing another part of the world, meeting a different and much larger peer group than their small communities offered, and sampling the higher standards of living offered by Bureau boarding schools such as Mount Edgecumbe.

Others who have examined the boarding school program have consistently criticized it. There is general agreement among knowledgeable observers that boarding schools for Native American children have a responsibility that goes far beyond that of the ordinary day school, and that the boarding schools have not in the past and do not now provide the kind of environment or the educational, counselling, and other human services that their population requires.[1]

The primary focus of criticism is and has been on the disproportionately small number of adults who are available to the children. There are discrepancies in the aide-to-child ratio reported from school to school and within schools. The principal of one boarding school told us that although the ratio of dormitory aides to children was 1:25 on paper, in actuality it was closer to 1:60.

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[1] See, for example, R. L. Bergman. Boarding schools and psychological problems of Indian children. Paper presented at Meetings of the American Academy of Pediatrics Committee on Indian Health, May 1967. Printed in Special Subcommittee on Indian Education, Indian Education, Part 3, Washington, D.C.: U.S. Government Printing Office, 1969, pp. 1124-1125; R. L. Bergman. A second report on the problems of boarding schools. Paper presented at Meetings of the American Academy of Pediatrics Committee on Indian Health, May 1968. Printed in Special Subcommittee on Indian Education, Indian Education, Part 3, Washington, D.C.: U.S. Government Printing Office, 1969, pp. 1128-1133; B. A. Birchard, Boarding schools for American Indian youth. The National Study of American Indian Education, Vol. II, No. 2, June 1970 (mimeo); E. Dlugokinski & L. Kramer. A system of neglect: Indian boarding schools. American Journal of Psychiatry, 1974, 131, 670-673; C. A. Hammerschlag, C. P. Alderfer, & D. Berg. Indian education: a human systems analysis. American Journal of Psychiatry, 1973, 130, 1098-1102; T. P. Krush, J. Bjork, P. S. Sindell, & [illegible]. Nelle. Some thoughts on the formation of personality disorder: study of an Indian boarding school population. American Journal of Psychiatry, 1966, 122, 868-876; M. Beiser. Editorial: A hazard to mental health: Indian boarding schools. American Journal of Psychiatry, 1974, 131, 305-306.

One effort to deal with this problem was the Model Dormitory Project at Toyei.[1] In this program the initial aide-to-child ratio was reduced to 1:12 by the hiring of 32 additional Navajo houseparents from the surrounding community. The new staff were chosen by the school board for their personal qualities rather than for their formal training. Some of the adaptations of routines were in small details, easy to implement, but made a difference in the quality of the environment. For example, instead of a loud gong ringing in the morning to wake up the children, aides woke each child individually. Kitchen routines were relaxed so that children could have snacks before they went to bed. But the major change was in the way aides interacted with the students. The aides received special training designed to help them find ways to provide positive support for the children rather than the impersonal care necessitated when a large number of children is assigned to each aide.

The evaluation of the Toyei project showed that, in comparison with students from a control boarding school, the students performed better on tests of intellectual development, were judged by their teachers to be working hard, and had fewer negative emotional indicators on tests of emotional development. Further, patterns of social interaction among the children and between children and aides were more positive. This experiment seemed to be a step in the right direction, yet it has been discontinued. The findings seem not to have affected boarding school policy.

The quality of life in most boarding schools adversely affects both staff and students, and permeates the educational program. In a study of a Southwestern boarding school, whose 700 children range in age from 14 to 22 years, it was found that both students and teachers believed that the longer they stayed in school the less likely they were to use their abilities. Further, the longer Indian staff members remained at the school, the less likely they were to describe themselves as able to affect matters. Thus, the Indian staff members, those with whom students were most likely to identify, had the greatest sense of powerlessness. The authors state:

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[1] G. S. Goldstein. The model dormitory. Psychiatric Annals, 1974, 4, 85-92.

> ...is it possible that the students feel they do not come here to learn because, in spite of being at school, their teachers do not believe they are being well prepared? Teachers who give passing grades easily, but at the same time do not believe the grades reflect the child's ability or preparedness, are really saying the grade is not worth much; it is not a reflection of what the student does or ought to know. Doing well at the Indian school academically does not mean students will do well elsewhere. Indeed, it is the staff's expectation that they will not; the students know it, and they begin to believe that they are responsible for it. The school continues to have difficulty with dropouts, act-outs, and apathy because its students believe that it does not pay to achieve and do well in school. School holds a false promise; you can become all you want by learning, but no one believes you are learning.
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> It becomes clear in many ways that students and teachers talk to each other but do not really hear one another...[1]

Certainly a necessary step is to build on the experience at Toyei, and increase the number of dormitory aides in all boarding schools. Training for these aides is imperative. As Goldstein points out, at Toyei, many of the new houseparents had attended boarding schools themselves. "It was hard for them to believe that they should do what seemed sensible and pleasant rather than what had always been done. At first, many of them felt guilty about having so much fun at work."[2]

Robert Bergman recommends not only that the number of dormitory aides should be greatly increased, but that they also should be given basic training in counselling, rather than bringing in a staff of mental health professionals, as some have suggested. As Bergman points out, "The local people know the children, their language and their ways, and the children trust them more readily..."[1] Specialized training and adequate supervision for dormitory staff is certainly crucial. Working in a dormitory calls for special skills. Aides must understand their role as parent surrogates, the reasons why the dorm atmosphere and routines should be more homelike, and the kinds of activities as well as emotional support that they can provide for the children. They must be able to relate to the children as individuals. They also must recognize the different tribal backgrounds the children come from. As a mental health consultant pointed out to us, "Dorm life has a different impact on different children. It is harder on kids from traditional families. A traditional child might have a frightening dream, may dream of some taboo. At home, the child would tell the family, the family would know what to do to work it out, perhaps see the medicine man. At the dorm, there is no one to talk with, no one would understand. This can leave the child with a crushing guilt."

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[1] C. A. Hammerschlag, C. P. Alderfer, & D. Berg. Indian education: a human systems analysis. American Journal of Psychiatry, 1973, 130, p. 1100.

[2] G. S. Goldstein, op. cit., p. 91.

The boarding school situation has not changed appreciably since Mr. Birchard wrote his review for the National Study of American Indian Education in 1970; the criticisms still hold. Although there are some signs of progress, others, like Toyei, have come and gone. Most progress has been in the adding of material objects whereas what is needed most is improved human services for children in boarding schools.

That boarding schools are a mixed blessing is clear. They have been and continue to be institutions which symbolize the isolation and social disruption of many Native Americans. They cannot simply be abolished without the creation of other arrangements for the children they serve. Furthermore, there are Native American leaders who feel that the boarding schools play an important role and who do not want to see them disappear. There is no doubt whatever that the boarding schools require radical improvement, both in their educational programs and in the quality of life they offer the students. They must have the resources to respond more effectively to the human needs which are their special responsibility, and which cannot be divorced from programs in classrooms. All schools have responsibilities to individual students that go beyond the specific curricula they offer. Boarding schools have a far greater responsibility, for they must offer substitutes for family life. As an Indian Mental Health worker in one of the Pueblos said, "When children go to boarding school at a young age, they do not learn how families work."

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[1] R. L. Bergman. A second report on the problems of boarding school, op. cit., p. 1130.

Public Schools

Public school classrooms generally exhibit the same reliance on programmed materials as was evident in Bureau schools. There is a lack of emphasis on bilingual and bicultural programs except where they are mandated, and the quality of teaching is uneven. Most teachers have only a dim awareness of tribal culture and practices and this is reflected in their almost totally white-oriented curricula. By and large teachers were unsophisticated in teaching English as a second language. However, a number of people questioned the role the Native language should have in the curriculum. A principal of a small public school in Alaska may typify this position. He felt that learning English was extremely important for the children in his school and that bilingual programs "slow children down." His goal for his school was to teach academic subjects. "If a little kid knows the subject, he has a self-image, and that is the most important thing in education."

With few exceptions, public schools do not see their mission as broader than simply giving children the basic skills. They are not functioning as community schools with libraries and gyms open for parents, adult education classes, etc. They also do not try to equalize opportunities for Native American children in such small but important ways as providing extra bus service late in the afternoon for those children who stay after school for athletic programs. On the high school level also, they have not varied from the lock-step grade system, and do not provide alternatives for youngsters who drop out of school, such as workstudy programs, evening classes, mini-alternative schools.

Many parents believe that the quality of education in the public schools is better than in Bureau schools. Others feel that it is important for their children to be in an integrated situation, and still others prefer to keep their children at home rather than at boarding school. As one Superintendent of a large reservation school district stated: "If there were a vote, I'd guess about 80 percent would vote for the public school system because they are day schools and because public schools can be directly controlled by the people." However, at present few public school boards have a majority of Indian parents and the only schools which are truly controlled by parents are the contract schools.

The shift in school population varies from one area to another. In one place that we visited, the Bureau school which serves a 50-mile radius had almost 1,000 children until four years ago when a local public school was opened; the Bureau school now has 472 students. In other locations, the shift is less dramatic. In two places visited cooperative arrangements had been made between the Bureau and the public schools (Fort Yates, Standing Rock, and Tuba City, Navajo). Although there are many built-in problems with this structure, such as establishing lines of authority and responsibility, it is an alternative worth noting.

The percentage of Indian children attending each public school varies greatly from one location to another, but no matter what the percentage of Indian children, the ratio of Indian teachers is uniformly low. Without the pressure of a [illegible]ate of Indian preference under which the Bureau operates, most local school districts appear to be making little effort to recruit Native American professional personnel, although they are beginning to hire Native American aides under various title programs.

The greatly increased enrollment in the public schools has created financial strain in many school districts. As stated by one school official: "The fiscal picture is most acute in Arizona. Unless something dramatic is done in one to three years, there will be no more public schools in Arizona." He went on to say that in his district the BIA budgets $3,000 per child and the public schools budget $800 even though the district has to pay ten times more for transportation than other Arizona districts. We heard many complaints of fiscal crises among public school administrators. Although JOM cuts have not been uniform, they have had serious effects in many areas. In one school district in North Dakota, JOM funds had been cut from $91,000 to $33,000; in another, from $80,000 to $28,000.

At the same time, some school boards we encountered refused to accept JOM funds because they and the school administration were unwilling and unable to find ways of using funds that wouldn't highlight the issue "only for Indian kids." They insisted that this was simply discrimination in reverse and that it caused great friction among the parents.

Contract Schools

According to the Coalition of American Indian Controlled School Boards,[1] there are currently 36 Indian controlled schools and 20 others which are in the process of becoming or wish to become Indian controlled. The Indian controlled schools include those contracted to tribes from the Bureau and funded by the Bureau; private schools funded primarily by foundations and Title IV of the Indian Education Act; and public schools with majority Indian school boards.

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[1] Personal communication, March 1976.

The Bureau has contracted 15 schools to tribal organizations and two of these schools were visited by the field team. Both schools--Rough Rock and Borrego Pass--are on the Navajo reservation. It is clear that the boards and local communities which are responsible for these schools are dealing with many complex problems and are confident that local control is crucial to effective education for the children.

Rough Rock was the first contract school. The fact that is has developed a program that meets community needs and has been positively evaluated, has made this school a model for other communities considering contracting. The school has been visited by hundreds of people from different Indian communities as well as by interested educators. It receives applications for staff positions from all over the country. A former director of the school said that Rough Rock demonstrated that the Indian people could run their own school and gave them the confidence and the will to take on responsibility for other educational programs.

Rough Rock School goes from preschool through high school. About half the children are boarders and half are day students. A notable feature of the Rough Rock School is its warm and easy atmosphere, and the frequent presence of parents in classrooms, offices, and corridors. Instruction in this school is in Navajo from preschool through second grade, and reading and language arts materials are available in the Navajo language. In the second grade, English is introduced. In the third grade, instruction moves from Navajo to English, and in the fourth grade all instruction is in English. Teachers from the fourth grade up are white so that children have teachers for whom English is the first language.

There was evidence of art activities, social studies, and teaching methods which encouraged children's active participation and made use of direct experiences. Children in classrooms and in the halls spoke among themselves both in English and Navajo.

In one kindergarten, many materials and areas were in use, children were at tables and on the floor using manipulative materials, chatting among themselves, participating in free dramatic play. In the other kindergarten classroom the children were seated at a table forming letters on ruled paper. The quality of relations among children and adults was consistently cordial, relaxed, and often laced with humor.

The Borrego Pass School is a small primary school, located on the top of a mesa in a remote section away from Crown Point. It serves two communities about six to ten miles away. The school was contracted to function as a community school several years ago. It is located in two buildings, a main building and a two-room building for the higher grades. The primary concern of the couple who direct this school is to improve the language skills of the children--language for communication rather than for grammatical excellence. The staff seemed to be unusually resourceful and experimental. They were experimenting with new methods of teaching language and were unusually free, both in critical evaluation and in developing new teaching methods. They have rejected the Ginn method of teaching English, feeling that it puts too much pressure on the children. Instead they believe that English should be taught by a non-Navajo-speaking teacher who can provide activities that are intrinsically interesting and who can develop a close and caring relationship with the children.

The administrators of this school showed excellent judgment in their recruitment of personnel and seemed uncommonly knowledgeable about the resources available to them. They complained about being among the last to receive delivery of essential materials from the Bureau, implying that contract schools were given poor service.

The community appears to be enthusiastic about the school. Because it is identified with the community, there has been no vandalism.

Mission and Private Schools

Almost all private schools on or near reservations or in Alaskan villages are funded by religious groups. There are mission schools which are both day schools and boarding schools. Some parents send their children to these schools because that is where they were educated. Some schools are teaching the third generation from a family. Currently, 95 mission and private schools serve a stable minority, about six percent of Native American children. Some mission schools have fallen on hard times and are old and underfunded. Very often, they have an excellent reputation, both for their unequivocal religious and social values and for their equally strong adherence to a traditional academic education.

Project Follow Through

Project Follow Through began in the school year 1967-1968 with the operation of 40 pilot programs designed to sustain and expand the gains made by children in the nationwide preschool program of Head Start.[1] The Follow Through program is now authorized under Title V of the Community Services Act of 1974. (It was originally authorized under Title II of the Economic Opportunity Act of 1964.) In the fall of 1968 many of the pilot programs came under the direction of

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[1] About 50 percent of the children in Follow Through programs were previously enrolled in Head Start.

"program sponsors," thus putting into practice the program's concept of planned variation.

The concept of planned variation seeks to test alternative approaches to the education and development of low-income children in kindergarten through third grade.[1] These varying social and educational strategies have been developed by educators and psychologists who may or may not be connected with an institution or university. The program sponsors (at present there are more than 20 in the United States and Puerto Rico) have developed curricula and teacher-training procedures based on specific educational philosophies. They assume responsibility for continued inservice training and supervision of teachers and monitoring of children's progress while in the program.

Regardless of the model or sponsor, there are certain shared concepts and objectives:

> All programs provide services to meet the medical, dental, psychosocial and nutrition needs of the children served.
>
> Major emphasis is given to the involvement as well as employment of parents in the program. They participate in all areas of development, operation, and general direction of the program.
>
> Although educational approaches vary in accordance with the aims of a specific model, all sponsors seek to develop children's learning abilities, encourage frequent interchange between children and adults, include individual and small group instruction, attempt to connect the child's school life with his/her cultural background, and "believe that the child's success in learning is inseparable from his self-esteem, motivation, autonomy, and environmental support."[2]

A sponsor may be working with schools in rural and/or urban areas, with one school district or as many as 19 school districts located throughout the country. A few Follow Through programs are "self-sponsored," that is, a community group applies for financial support to try out a program which is not directed by an outside sponsor. Usually, a self-sponsored program is confined to a single school. In the school year 1974-75, more than 78,000 children were enrolled in Follow Through classrooms in 617 schools. Indian children comprised approximately five percent, or 4,000 of this population.

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[1] E. E. Maccoby & M. Zellner. Experiments in primary education: aspects of Project Follow-Through. New York: Harcourt Brace, 1970.

[2] Mimeographed information obtained from Rosemary C. Wilson, Director, Follow Through, Division of Compensatory Educational Programs, Office of Education, March 5, 1975.

Among the Follow Through models in use on Indian reservations are: Behavior Analysis Approach (University of Kansas), Individualized Early Learning Program (University of North Dakota), Tucson Early Education Model, TEEM (University of Arizona), and Engelmann-Becker Model for Direct Instruction (University of Oregon).

Developmental Continuity

A new pilot program funded by the Office of Child Development, Developmental Continuity is designed to ensure continuity of experiences in educational, health, and social service programs for children in Head Start through the primary years.

The project in Dilcon, Arizona on the Navajo reservation is one of 14 pilot projects and the only one on an Indian reservation. It was funded for its first operational year in 1975-76, and involves Head Start and the Dilcon boarding school. The program focuses on the following:

- combined training of Head Start and school staffs in Navajo culture;
- continuation of the bilingual program in Head Start through the introduction of the Navajo language in the early grades;
- encouraging parents and community members to become a part of the school as well as of the Head Start program;
- setting up a Developmental Continuity Committee to plan for future training for all staff working with young children. This group will make all important decisions regarding curriculum development and language needs;
- better cooperation between the BIA area office as well as the Office of Navajo Native American Programs at the agency level.

There was a year's planning before the program went into operation. In Dilcon, this was a stormy period; many difficulties had to be overcome in setting up the coordination process between the Head Start program and the Dilcon school. The principal and teachers were not ready to accept a bilingual approach, nor were they ready to accept parents, chapter members and school board members as decision-makers in the education of their children. The staff from the central Head Start office, as well as staff from the pilot Head Start centers, were not cooperative in attending joint meetings and training sessions. Considerable progress has been made, and as the planning year ended all participants made appropriate concessions and agreed to continue the project in a framework of better cooperation.

The experience at Dilcon is extremely important. The goals of the program are admirable and the concept of educational continuity is an important underpinning of the recommendations made at the end of this report (see Section X). The implementation of any new program in education is bound to have problems; if the new program is to change already existing and firmly established policies, resistance is inevitable, and with so many groups involved, the resistance may be compounded. The Dilcon experience could provide a model--both of the kinds of problems to be expected and of the processes by which they were resolved, at least in the planning year.

Head Start

Head Start programs on Indian reservations are funded by the Indian Migrant Programs Division (IMPD) of the Office of Child Development. IMPD oversees all Indian Head Start programs in the United States which are located on Indian reservations. There are 70 reservations with Head Start programs, ranging from a small reservation with one center to the largest reservation with close to 100 centers. In all, Head Start programs on reservations serve approximately 8,000 children. These programs are about ten years old; many were started as summer programs and were subsequently converted to full-year operation.

In Alaska, Head Start programs are funded through and are under the supervision of Rural Alaska Community Action Program (RurALCAP). There are 35 such Head Start programs in Alaska; most are in rural areas.

All Head Start centers are required to provide comprehensive educational programs and to follow basic Head Start guidelines. The educational philosophy is based on a developmental approach to education and calls for acknowledging individual differences and learning styles in young children by providing a variety of teaching methods and materials; accepting and appreciating cultural differences and building positive self-concepts and individual strengths; and connecting school programs with the home and the child-rearing practices and expectations of the local community.[1]

Head Start was instituted as part of the War on Poverty in the mid-sixties. Since the program was designed for children from low-income families, low income is a criterion for eligibility. This often means that if there is a job opportunity for the parents, the child or children would become ineligible for Head Start.

As previously noted, and in contrast to most elementary schools, Head Start facilities are a major problem. They often lack space, heat, and proper utilities. Very often programs are housed in facilities that have multiple uses. However, the playgrounds adjacent to many Head Start centers were superb. The treehouses in Cherokee, the beautifully constructed and painted play areas in Choctaw and Papago were mostly designed and executed by parents, and sometimes by staff. A Cherokee center also had a garden of produce which the children tended.

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[1] Head Start Child Development: A Manual of Policies and Instructions. Community Action Program, Office of Economic Opportunity. Washington, D.C.: Government Printing Office, September 1967. See also Bureau of Head Start and Early Childhood, Review of research: 1965 to 1969, Washington, D.C.: Office of Child Development, Department of Health, Education, and Welfare; and S. White, M. C. Day, P. K. Freeman, S. A. Hantman, & K. P. Messenger, Federal programs for young children: review and recommendations, Vol. I: Goals and standards of public programs for children. Washington, D.C.: U.S. Government Printing Office, 1973.

One of the most striking facts about Head Start is that almost everyone approved of it. Parents and tribal officials, elderly people and young people, educators, health and social service officials all told us of its benefits: the children learn useful things and acquire skills early, they associate with other children, learn how to share with others, and they begin to learn English (or the Native language). Sometimes Head Start frees a mother a little from continuous child and home care. Most people also felt it was an excellent preparation for kindergarten or grade school. As the Governor of one of the Pueblos put it, "They learn to go to school in Head Start." Many kindergarten teachers told us that the children who come from Head Start "know more" and are especially eager to learn. Grandparents told us that "the smart ones" among their grandchildren were those who had been to Head Start.

We also heard some negative comments about Head Start from parents. A young mother in Gila River said, "Sometimes I want him home because they really don't teach him that much," or another mother who said that the Head Start hiring practices were questionable because "they don't care about kids, they hire people who need jobs." Some more traditional parents, as in Hopi, told us that they thought children should be at home at this age. However, the overwhelming majority of comments were favorable. A mother in a small Alaskan village said that she liked Head Start because the children learn about food, they take fluoride pills and they brush their teeth. Another typical comment was from a parent in Navajo Mountain: "Head Start is very good. Both of my children went for two years. Head Start keeps children's interest, they like to go every day. It gives them skills to learn and knowledge of the world around them." A parent in Papago summed up the attitude that we often heard expressed: "The only problem with Head Start is that there are not enough Head Starts."

Parent Child Development Program (PCDP)

The Bureau's direct involvement in early childhood education began in FY 1969 with the establishment of 34 kindergartens which were attached to existing Bureau day schools. In April 1971, in the paper Early Childhood Education (70-60-E), the Bureau stated its support for a more extended commitment to the young child based on the growing evidence of research findings and reports of the importance of the early years as a time of significant learning. As a result of the Bureau's interest, the Parent Child Development Program was designed and in 1974 two pilot programs were established, one by the Choctaw tribe in Mississippi and the other in the Pueblo of Acoma in New Mexico.

The objectives of the program are to enable each child to grow in intellectual functioning, ego strength, initiative and inventiveness, relatedness to people and coping capacity. The program does not prescribe an educational design but offers possibilities for types of educational programs. For example, a program can be provided for children and their families at home, in family day care arrangements, or through center-based programs. Any or all components may be selected depending on community needs, which are determined through a needs assessment conducted during a planning phase before a PCDP is established.

Other essential features of PCDP are: (1) it is an operation contracted to the tribe or Native organization; (2) it must be coordinated with health and social services in the community, thus providing comprehensive care to children and their families; (3) it will work with existing educational programs in the community to develop an educational continuum for children from the early weeks of life through third grade. All aspects of the program rely heavily on parent participation which is an essential aspect of the PCDP.

The flexibility of the design makes it easily adaptable to the specific needs of either small or large communities. The two pilot programs in Acoma and Choctaw indicate how the design may be adapted to accommodate the needs of different communities (see Appendices A and B for a detailed description of these two programs).

Day Care

Although the need for day care programs was reiterated in almost every community visited, there are very few such programs on the reservations.

Many parents expressed the need for day care. It was felt especially strongly in areas such as Tuba City where a new hospital employs many young women with small children who have great difficulty making arrangements for their children's care while they work.

Parents have become more sophisticated about the needs of young children partly as a result of Head Start. The comment of a mother in Isleta was echoed in many other places: "There is a great need for day care that offers an educational program and not just babysitting." In Standing Rock, for example, we were told that parents wanted the Head Start program hours lengthened, and wanted a program like Head Start for children younger than three. Parents on the Seminole reservation also said that they wanted to extend Head Start to a day care length program. Most day care programs we saw were either coordinated with Head Start or were designed to supplement Head Start services.

In Bethel, for example, the day care center takes children under three although they include children of four or five who need full-day services. The Bethel center has room for 35 children, although 70 are eligible. In Zuni and Jicarilla, the day care centers take children from one to four years old, and then they are eligible for Head Start. In some places, the children are moved back and forth in one day from Head Start to day care. For instance, in Zuni, three-year-olds go to day care from 8:00 to 9:00 a.m. and have breakfast, then come to Head Start from 9:00 a.m. to 2:00 p.m., and then back to day care from 2:00 to 5:00 p.m.

In Salt River, there is an after-school program called the "day care" program. It serves both the 4C kindergarten class and Head Start children from 3:00 to 4:30 p.m. There is also a day care center for 18 children.

Most day care programs have been funded under Title XX, but these funds are being withdrawn in some places (in Zuni, for example, and on the Navajo reservation). The three centers on the Navajo are now being supported partially by the tribe, by ONAP and by parent fees. In Fort Totten, parent fees supplemented by the tribe support a day care center.

For the most part, these programs share similar problems. With few exceptions, such as Jicarilla and Salt River, the facilities we observed were inadequate. A center in Shiprock, for example, which serves 80 children is housed in a building that has long since been condemned. Due to insufficient funds, few centers are appropriately equipped for young children, and there is inadequate training for the staffs.

Although money for day care is available through Title XX (which has recently supplanted Title IVA) of the Social Security Amendments, tribes are loath to apply for these funds. If they receive Title XX funding, they have to deal with two more sets of inspectors who come in from the State Social Service department, one to license facilities and approve teacher qualifications, and the other to certify children's eligibility for the program. Until a way is developed to deal with licensing locally, it is doubtful that many tribes will take advantage of the money available from Title XX.

Home-Based Programs

Home-based programs represent a point of view as well as a method of delivering services to young children and their families. The underlying concept is that parents are the most effective educators of their children and there is an "important and continuing need to teach and motivate parents to support their preschoolers and to supplement the work of the schools in educating their older children."[1]

This may be done by regular visits to homes (usually by trained paraprofessionals from the community under the supervision of a teacher or coordinator) in which parents are helped to see how everyday activities can be used as learning experiences for their children. Through demonstration and discussion, parents are helped to provide for their children some of the same developmental activities that would be part of a center-based program.

There were home-based programs on the Navajo, Hopi, Choctaw, and Acoma reservations, and in Akiachak. Funding is from a variety of sources, including the Bureau of Indian Affairs, the Office of Child Development, Title IV, and the National Institute of Mental Health.

The home-based program funded by the Bureau is one of the components of the Acoma PCDP (see Appendix A for a full description). The Hopi home-based project, although funded by Title IV, is closely aligned with the Head Start program which provides continuity and support to both efforts. The Hopi project is based on the concepts developed for the Home Start program, funded by the Office of Child Development as a Head Start demonstration in 1972. Although considered very successful, funding for the Hopi project was cut off in 1975. A Navajo Home-Based program, also funded under this umbrella, is no longer in operation.

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[1] A Guide for Planning and Operating Home-Based Child Development Programs. HEW Publication, Office of Child Development, June 1974, p. 15.

The Appalachian Regional Council funds a home visitors program on the Choctaw reservation which serves 30 children with a staff of three. The emphasis of the program is on cognitive stimulation, but the home visitors are also expected to coordinate resources from other agencies on behalf of the mothers served. The services provided to the mothers and children through this program are impressive and include prenatal care, immunizations and dental care, family planning and preventive child abuse counselling.

The Early Childhood Center in Akiachak, a village of approximately 300 Yupik-speaking Eskimos in the Bethel area, is a program which combines center and home-based programs for the same children. This demonstration program, jointly funded by Title III ESEA and the Bureau, was designed by John Turner, of the University of Alaska. The program has an elaborately worked out curriculum of specific learning tasks, each focused on an aspect of motor development, cognitive development, or attitudes. Mothers bring their young children to the center, and are also visited at home by an associate teacher. The mothers learn how to teach specific tasks to their children. The program for the four-year-olds is center-based and continues the curriculum. The staff (except for the director) is drawn from the community, and teachers and mothers have worked together on the development of the materials used. The language used in the development of curriculum materials is based on recordings made in the children's homes of conversations in Yupik and in English.

The Akiachak Early Childhood Program is now in its fifth year (1975-76); the number of children being served is still very small and not all preschool-aged village children and mothers are in the program. Nevertheless, community feeling about the program, as well as formal evaluations of the program, have been positive.

A home-based project with a different focus was developed by Norman Dinges in the Toyei, Greasewood-Jeddito area on the Navajo reservation. As a result of work in the model dormitory project at Toyei, it was felt that the younger children especially needed to be better equipped to deal with the overload of stimuli that they encountered when they entered school for the first time. They thought this could be done most effectively through a well-family project which focuses on parent-child interaction in the context of culturally accepted practices. A home-based program was considered appropriate in this area because of the isolation of many families. The program was geared to younger children and extended family units. The emphasis was on the child and his or her primary caretaker, mother, grandmother or sibling, but fathers and other family members were encouraged to participate.

Sixty families were visited regularly approximately twice a month. A staff of three professionals and three full-time paraprofessionals developed activities appropriate for infants to four-year-old children.

The materials developed were designed "to increase the quantity and enhance the quality of Navajo parent-child interactions, focusing specifically on promoting cultural identification, strengthening family ties, and enhancing child and parent self-images."[1]

In addition to the usual range of educational toys such as stacking cones and nesting blocks, a number of culturally relevant materials were added, such as a doll-sized cradle board kit and a doll hogan. Many books were translated, with the Navajo words next to the English and, for those family members who didn't read, audiotapes of stories were made so that they could play the tapes and learn the stories well enough to follow the pages in the book.

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[1] N. G. Dinges, M. L. Yazzie, & G. D. Tollefson. Development intervention for Navajo family mental health. Personnel and Guidance Journal, 1974, 52, p. 392.

Parents developed many of the activities themselves. For example, a mother who was concerned that the children were forgetting the ceremonial, medicinal, and daily household use of plants and herbs developed an activity in which parents and children together collected and discussed the uses of many of the more common plants and herbs found in their part of the reservation. In addition, parents helped the staff develop and write books that related to the children's own lives, such as a book on "My Relatives" and a self-concept book called "I Can Do." Home visitors were trained to support parents' ideas and to reinforce innovative behavior rather than simply to follow a predetermined curriculum plan.[1]

We found a good deal of enthusiasm for the project because it meets the needs of isolated Navajo families in a way that respects and supports tribal culture and traditions. The materials are particularly valuable because of their cultural content and because they were developed specifically for infants and young children rather than being adapted from activities intended for older children. Another important ingredient in the success of the project is the ongoing supervision and training given to the paraprofessionals.

Thus it can be seen that there is a considerable range in the types of programs for young children and their families now available to Native American communities. Although the number of programs and the number of children and families being served is extremely small relative to the number who need and desire these services, the designs of the existing programs offer a framework for delivering more comprehensive services. Many of the programs, especially those that are center-based, provide meals and health care. Most are committed in both theory and practice to parent involvement. Some, but not all of the programs are concerned with adapting program content and style of interaction to the particular characteristics of the Native American groups with whom they are working.

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[1] The home visiting phase of the project is now over and an evaluation is currently in progress.

Programs vary considerably in the breadth and appropriateness of the curricula as well as in the expertise of the teaching staff. The quality of teaching in preschool programs was observed to be very uneven. Many of the preschool teachers seemed not to understand how to facilitate the intellectual and emotional growth of young children. For example, in day care programs which included infants, not many people were interacting with the infants. They looked after them physically, with affection and care. On the whole, however, they did not actively play with them, nor did they often speak to them or respond actively to the infants' vocalization or gestures.

For the older children, too, teachers in some instances did very little, allowing children to use materials and, in effect, create their own curriculum. More often, teachers were busily teaching lessons, lessons about colors, shapes, and numbers, letters of the alphabet, and initial sounds. Often children were engaged in teacher-directed projects such as cutting out pumpkins (in October), or copying turkeys (in November); these projects were observed in widely separated geographic areas where neither a pumpkin nor a turkey had ever been seen except in schoolbooks. Children were engaged in projects that they didn't understand. For example, in one Head Start center the children were pasting paper on balloons which were to be used in making mobiles, but the children had no idea why they were doing what they were doing, although they enjoyed the messy paste. Many Head Start and other preschool programs focus on teaching school-related knowledge and skills. Parents usually respond enthusiastically to the fact that their children are learning the alphabet, and learning how to count. On the other hand, it is important that the curriculum also include taking trips, learning about the immediate environment including plants and animals, and working with many kinds of materials, such as paints, clay, textiles, crayons.

Preschool programs for Indian and Alaskan Native children often serve families who are living in isolated and remote areas. They enable many children not only to play with toys that they do not have at home, to look at books, to crayon and paint, but they offer an opportunity to meet, talk, and play with people outside their families. Being with and talking with adults and children who have had different experiences, and learning how to manage in a group situation are also school-related skills.

Special Education and Services for Handicapped Children

Elementary School

"Special education" is broadly defined in all school systems to include a range of problems from "poor attenders" and children with reading problems or other learning disabilities, to more serious emotional or physical handicaps. Services for these children are being given in many ways.

In some Bureau schools, special classes are available for children with learning disabilities or mild emotional or physical problems, while in others, teachers work with children in their regular classes on a limited basis. Despite the Bureau's commitment to provide services for children with special needs, and extensive guidelines which cover all aspects of delivery of such services,[1] most of the programs in schools we visited were funded by other sources.

Title I funds are widely used for the remediation of reading difficulties in both public and Bureau schools. In fact, one Bureau Agency superintendent told us that without Title I funds they would be in serious financial difficulties.

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[1] Special Education Guidelines, Bureau of Indian Affairs, 1972; revised November 1974.

Reading remediation programs typically include "resource rooms" or newly built "resource centers" to which small groups of children are brought for one period a day for remedial math or reading. Such programs usually rely heavily on programmed materials and audiovisual equipment, which are sometimes supplemented by outside specialists, such as a speech therapist provided by the Area Office under Title VI. In 1974, the Bureau directly served 596 children of varying ages through Title VI funding.[1] This included 96 children served in school resource rooms.

Funds from Title IVA of the Indian Education Act are also being used to provide special programs for children with learning disabilities, as in Fort Yates and Acoma. In some cases, a local county provides the only special service available, as in Papago where two teachers are being funded by the Pima County Special Services Cooperative, and in Gila River where the county funds a program set up in a Bureau trailer school which serves nine children aged eight to 16, three of whom are mentally retarded.

A more comprehensive program with multiple funding sources, in which one agency takes responsibility for coordinating programs for children with physical and emotional handicaps, is in operation at the Turtle Mountain Community School. The Learning Opportunity Center at Turtle Mountain provides special education teachers for children in need of special help. These children are mainstreamed in the sense that they spend at least half their classroom time with a regular homeroom teacher, and the rest of the time with the special education teacher.

The school also provides facilities for both trainable and educable mentally retarded children with appropriate staff. The diagnostic and referral process reflects an unusually high degree of organization and coordination of available resources.

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[1] Statistics Concerning Indian Education, op. cit., 1974.

The Learning Opportunity Center, in conjunction with a state psychiatrist, evaluates students as they are referred to the program by classroom teachers. Psychological tests are given to each child. Data are collected from tests and teachers. This is followed by a home visit by the school social worker and by the classroom or special education teacher. The Learning Opportunity Center also works with the Bureau Social Service department. Data are reviewed and students are placed in special schools, if necessary.

Another school which has developed a more comprehensive special education program is the new Bureau day school in Acoma. In addition to the math and reading labs, which are found in many schools, there is a developmental reading lab and a learning disabilities program, funded under Title IV, Indian Education Act. The 35 children in the learning disabilities program are children of normal intelligence who are referred for a specific problem which might require, for example, special auditory training. They come to this room for a half an hour each day but also spend time in both the remedial and developmental reading laboratories. The children in the Special Education class have a variety of problems which include hearing loss, epilepsy, some degree of retardation as well as emotional problems. Home visits are made and parents are encouraged to support the program in a variety of ways.

On some reservations there are residential programs for handicapped children. In addition, there are centers off reservation which serve reservation or village children, for example, the Los Lunas Hospital and Training School and the Alaska Treatment Center for Crippled Children and Adults in Anchorage. Also in Anchorage, there is a school in the hospital which serves children who are in hospital for longer periods. Two centers for handicapped children were visited on the Navajo reservation. The St. Michael's School for Exceptional

Children is the largest and oldest of the two. It was started seven years ago and now has 108 children, ages two to 20, of whom 55 are in residence. Before the opening of the school, most of these children were kept at home. Most of the children served by the school could not be accommodated in either Bureau or public schools. St. Michael's serves children with cerebral palsy, spinal bifunda, all categories of retardation, and other severe physical and emotional handicaps.

Children are referred by parents, by Bureau and public school personnel as well as by social service and medical agencies. Many referrals are by word of mouth so that parents often make direct contact with the school. Children are placed in groups on the basis of an evaluation that takes into account both chronological age and developmental status.

There is an infant room for the youngest children as well as a preschool room. These two rooms have a total of 24 children, five of whom are normal children and serve as models for language and social behavior. There are also classroom groups for older children and adolescents.

The program at all levels focuses on developing skills that will enable children to look after themselves and participate in family life. There is an emphasis on homemaking as well as on culturally related activities. We observed a variety of interesting activities including a rehearsal for a play, and children working in ceramics and other art media. There is a hogan equipped with loom, carding and spinning equipment, and another hogan where children were being taught copper and silver work.

There is a professional staff of 50 with many paraprofessionals, especially parents, also employed. The school-home relationship is considered very important. This is reflected not only in the number of jobs held by parents but also in the fact that all children who live within a reasonable distance of the school are encouraged to go home at weekends. Teachers ride on the buses with the children and use this opportunity to have informal contact with the children, and with parents when they bring the children home. The school operates on a year-round basis and sponsors a summer recreation program, funded by the Kennedy Foundation and the University of Arizona.

The second center visited is the Chinle Valley School for Exceptional Children, a residential facility for mentally retarded children aged five to 15, which was started three years ago. Originally designed for profoundly retarded children, it now serves all categories of retarded children, drawing from the entire Navajo reservation. At the time of our visit there were 28 children with four coming in, and a waiting list of 15. Funding is almost entirely through Title IVA of the Indian Education Act. The vocational rehabilitation aspect of the program stresses independence through activities such as sewing and cooking, and cleaning. There is a basic commitment to Indian culture in all activities--a hogan built by the children, a garden tended by the children, and various arts and crafts, including silversmithing and leatherwork.

Both St. Michael's and Chinle Valley Schools are developing programs for the older students who, on the basis of chronological age, ordinarily would have to leave but who will still need a residential or semi-residential program.

Another program which has as its focus keeping handicapped children near their homes is the Hopi Center for Human Services, which provides special educational and supportive services for 25 handicapped children. This project is funded by Title IVA, Indian Education Act, and Title III's Division of Mental Retardation and Vocational Education. Twelve retarded children and adults have been brought back from distant institutions for residential care and treatment in this center. The center also provides diagnostic services for all handicapped children on an out-patient basis, and has a staff of psychologists and contract services for speech therapists, pediatricians and orthopedists.

Prekindergarten Programs

Congress has mandated that Head Start programs must include, as ten percent of their enrollment, children considered handicapped, according to the criteria of the Bureau of Education for the Handicapped. There has been a long process, still going on, of recruiting these handicapped children. Programs have had difficulty obtaining a ten percent enrollment of handicapped children on reservations. One of the primary reasons is that until recently Indian staff had been trained to recognize only the most obvious handicapping conditions, usually physical. Another problem is that parents are often afraid to bring their handicapped children to any agency because in the past the policy has been to send such children to institutions off-reservation. It will take time for parents to have sufficient trust in Head Start to bring handicapped children to the program. Further, when children have been identified, there is often no follow-up treatment or training. Specialists are not available at the local health centers, and there is a shortage of speech therapists and physical therapists.

In the spring of 1976, IMPD was funding 70 Indian grantees, with a total Head Start enrollment of 7,923 Indian children, of whom approximately nine percent is handicapped. This is an underestimate, since only 48 of the 70 programs had been polled.[1] For the past three years there have been supplemental grants to Head Start programs to ensure that all eligible children are served, to raise the level of service for these children and to increase parent involvement. Some of this money may be used for special equipment or training. For example, supplemental money provided to the ONEO Child Development Program on the Navajo reservation is being used for training all staff to detect handicaps, and for equipment and supplies for handicapped children, as well as for resource materials and curriculum development.

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[1] Personal communication, Dominic J. Mastrapasqua, Director, IMPD, Office of Child Development, March 24, 1976.

Individual communities meet the special needs of their handicapped children in different ways. A home-based program serving handicapped Navajo preschool children has been started in San Juan County, Utah, which, although it is off the reservation, serves an almost entirely Navajo population. The program is funded by the Utah Child Development Project (Head Start). The program will attempt to identify all handicapped children in this area. Ten children with severe mental handicaps will be selected and treated at home, with the parent as primary teacher. The model for this program is the Portage Project which emphasizes education for parents as well as the child. Teachers model activities for parents in the home and all materials are adapted for Navajo children. Social services will also [illegible] coordinated with the program.

In the Pueblo of Zuni, the Tribal Education Director and the Head Start Director took the initiative to undertake an exhaustive survey to identify young handicapped children among the Zuni preschool population. The program subsequently designed to reach the identified children includes teaching parents to work with their children at home. A committee of educators, pediatricians, other health personnel, and psychologists has planned the program, and provides support and monitoring services which include regular home visits to families whose children's handicaps prevent their attendance at a center.

Fourteen special projects funded collaboratively by the Office of Child Development and the Bureau of Education for the Handicapped (BEH) are currently in operation. The Alaska Head Start Special Services project, directed by Dr. Helen Beirne, is one of these. The purpose of this project is to develop basic modes of delivery and materials to meet the needs of handicapped children and, if possible, to include them in regular Head Start programs.

Before this joint funding, a three-year BEH grant was awarded to develop media and modules of training for Native deaf children of preschool age and their families. The Special Services project has now been expanded and has the responsibility of coordinating all efforts and agencies so that high-risk handicapped children are diagnosed and, if possible, brought into regular Head Start programs. The interdisciplinary and cross-agency coordination in this program is worked out in many different ways. A core staff of professionals from different disciplines--special education, early education, public health nursing, speech, hearing and visual therapy--work in conjunction with Head Start staff, community college and university staff in a joint training effort. At the same time, a number of other agencies that deal with handicapped children, such as the Alaska Treatment Center for Crippled Children and Adults and the Easter Seal Society, are included in the planning and implementation of the project. Authorization has just been granted for this project to work with handicapped children under three years of age.

The BEH has recently funded another project at the Anchorage Community College that will focus on home-based service, with an emphasis on supporting the families of handicapped children.

Not all children with handicaps can be integrated into regular preschool and school programs. The concept of mainstreaming, which is being widely accepted, has many ramifications, not all of them necessarily positive. Some children can take part in regular programs but only if proper attention can be given to their special needs. Others can be taken out of "special" classes for part of the day to participate with normal groups of children. Some children who require a residential facility can attend regular school during the day or, conversely, children attending regular school can spend nights and weekends at a special facility if necessary.

Providing adequate services for handicapped children presents many problems in all sections of the country. As far as Native American communities are concerned, many Indian and Eskimo parents, as mentioned earlier, hesitate to bring their handicapped children to the attention of the relevant agencies for fear that the children will be removed from home and community to an institution that may be hundreds of miles away. A Bureau central staff member responsible for coordinating services to the handicapped told us that identifying handicapped children is still the main problem, often because these children are kept in the home. Many Native Americans attach a different significance to handicaps than do members of the majority culture. We were told, for example, that many Indian people, unlike those in American society in general, do not stigmatize the handicapped.

At St. Michael's School for Exceptional Children on the Navajo reservation, it will be remembered that there are several normal children in the preschool program who act as models for the other children, many of whom are severely handicapped. As the teacher remarked to us, "Where else would you find parents of normal children who would be willing to have their children go to a school like this?" In addition, because so many families live in remote or isolated areas where it is unlikely that there will be specialized professional knowledge about diagnosis and treatment, it is clear that new and imaginative kinds of services need to be offered.

We were told of two deaf children in a small village in the Arctic Slope region. Not surprisingly, there were no facilities for deaf children anywhere in the region, but an imaginative social worker arranged to have a specialist stay in the village to teach the children's parents and teacher the American Sign Language so that they could, in turn, teach the children. The entire village came to the meeting at the community center, so that they could learn ASL and would be able to communicate with the children.

Staffing, Recruitment, and Staff Training

Elementary School

Recruitment of personnel for Bureau schools presents continuing problems. Through the civil service system, recruitment is usually done by remote control. The principal in whose school the job is open or the people in whose agency the school is located may not ever participate in recruitment. Moreover, the age of the children to be taught is little differentiated. The request is not necessarily for a first grade teacher, but rather for an elementary school teacher. This means that many teachers with experience of teaching at one grade or developmental level are teaching children at a completely different stage. The implication is that these differences are not really important. The basic criterion for a teacher in Bureau schools is that he or she has a baccalaureate degree.

Another recruitment problem is that aides have been appointed on the basis of ten-month furloughed positions, which means that they are laid off in the summer and often go to other jobs. Recently, however, Title I has supplied funds which permit keeping aides through the summer and, thus, into the following year. The Bureau budget supports only the aides in kindergarten. All other aides in Bureau schools are paid by Title monies.

Recruiting and keeping school staffs in schools in isolated areas can be another problem. Here the public schools suffer more than do Bureau schools because they pay less, both in salary and additional benefits. However, this can rebound against the Bureau schools in other ways. "I wouldn't be here if it wasn't for the money," a teacher in Alaska told us. Such an attitude, we hope, is rare. On one reservation we were told that there were between 90 and 100 positions open which could not be filled because of bottlenecks in personnel processing. The schools would open late as a result. One Education Specialist told us that this had happened before and that "we lose the best candidates, who get jobs elsewhere." On another reservation, over 100 jobs for classroom aides were unfilled a week before school was to begin; jobs for teachers and some principalships were also unfilled. In October, in one school visited, three out of 11 teachers had not been hired. In November many schools were still not fully staffed. The isolation of some schools also leads to impractical recruitment requests. In one instance, the Bureau was advertising for a new principal whose wife was to be an ESL teacher; in another, there were openings for a music teacher and a physical education teacher and housing for only one couple.

Staff turnover was a serious problem in several places we visited. In a Bureau school in the Dakotas there had been four principals in six years. In one modern and well-equipped public school in the Southwest, we were told that there was a 30 to 40 percent turnover of staff each year; only five teachers had been in the school longer than five years. The principal believes that the only solution is to have more Native American teachers. He said the non-Indian teachers leave because they are unable to buy land or housing on the reservation, and the school is too far away from where they could buy homes, take root and stay in their jobs.

Staff turnover is also related to the geographic isolation of many of the schools. For young single women, the lack of social life is a deterrent. Couples with growing children want to provide them with broader experiences and peers who have similar backgrounds. There was some indication that staff turnover was even more of a problem in the public schools than in the Bureau schools. We also spoke to some people who believe that it is Bureau policy to move teaching personnel to other locations every few years.

In the Bureau and the public schools, the number of Native American staff varied greatly in different schools and from area to area. By and large, however, the great majority of staff is not Native American. Furthermore, there are fewer Native Americans at the upper administrative echelons; and there are more Native American teachers in the lower than in the upper elementary grades. The situation is changing, especially in Bureau schools which have recently been implementing the regulation of giving preference to qualified Native Americans when there are job openings. There is obviously a great need for more Native American staff. In 1971, there were only seven Native American teachers in Alaska; and on the Navajo reservation, we were told by an official of the Navajo Division of Education that of 3,000 teachers, only 180--six percent--are Navajo. Since these Navajo teachers tend to be concentrated in a few locations, there are many schools on the Navajo reservation where a Navajo teacher is extremely rare.

Both Native American and other staff have mixed feelings about Indian Preference. In one school, for example, we were told that the school board wanted to hire a mixed staff and that Indian Preference was "making conflicts." Realistic non-Indian teachers and particularly administrators recognize that with Indian Preference they can go only so far in the system and, anticipating this, they often move to public school jobs whenever they can. There is general agreement that in order to make Indian Preference viable, there must be extensive training and support for Indian staff at all levels.

There are also problems for Native Americans themselves after they have become qualified. Some tribes want only members of their own tribe to work in their schools, but there may be problems of acceptance when a local person comes back to the reservation to assume a responsible job in the school. One teacher vividly described to us the difficulties in coming back to teach in her own community under the scrutiny of her relatives and friends.

Training is provided by various agencies for selected members of Bureau teaching and administrative staffs. Workshops or short training sessions are often given at the beginning of the school year, but this is ineffective, of course, if staff are hired after school begins. Training is often attached to Federal monies. Title I reading aides, for example, might have a series of training sessions on methods of teaching reading, or staff working with a particular bilingual/bicultural program may be helped to implement their program by specialists from a local college. In addition, the Bureau gives scholarship grants to enable Indian aides and teachers to take courses during the summer.

On the whole, this training is sporadic; it is geared to help individuals do better in the jobs they have, but it contains no design to support cooperation among teachers or among teachers and aides. For example, in one reservation visited, primary school aides had had a very successful three-week workshop in the use of Cuisinaire rods. However, no attempt was made to bring the teachers into this activity, nor was there any plan as to how the aides would apply their new knowledge and experience in classes where the teacher was unacquainted with Cuisinaire rods. The fact that the aides had a useful new piece of educational know-how involving special materials of which the teachers were ignorant is an example of rather poor management and may also have negative repercussions for some teacher-aide relationships.

Concepts and techniques of professional and personal staff development as an integral part of the internal structure of school life had not touched most of the schools visited. Although some teachers do confer regularly with reading specialists concerning the needs of a specific child, on the whole, classroom teachers rarely interact with one another on a planned basis in school, or in a staff development or training situation with ancillary personnel who deal with the same children. As one teacher in a large Alaskan school said: "We never have staff meetings, or hardly ever. [The principal] calls meetings if there are problems. Otherwise everything comes to us by memo and by daily bulletin." The Teacher Supervisor said his staff meet all the time. These meetings, however, are concerned with administrative detail not program matters. Boarding school staff illustrate a more extreme case of this separatism. In most of the schools visited, we were told that there was an historic and continuing dichotomy between the dormitory staff and the teaching staff. The lack of communication and even animosity between them created obstacles to providing a healthy environment for children.

Professionals and paraprofessionals working in schools also have little or no contact with their counterparts in related fields, such as social work, psychology or health. The disciplines do not mix, formally or informally. Few teachers or other staff members have a chance to visit other classrooms in their schools or to see programs in other schools. All teachers need to see exemplary programs which can serve as sources for new ideas as they develop their own approach to teaching. Equally important is the fact that there is no integration of whatever training is provided into the actual work of the school. There is often no mechanism to support teachers in applying what they may have learned to their own classrooms.

A serious gap in all staff development and training in both Bureau and public schools is the lack of attention given to the particular needs of Native American children. Few teachers have had any training in the history and customs of the tribe whose children they are teaching. As a result, most Bureau and public school teachers whom we observed exhibited a striking lack of awareness of all but the most superficial aspects of Indian and Eskimo culture, and particularly of the language patterns as they relate to understanding and speaking English. Teachers need to know that there are some words and forms of speech in

English that do not exist in the Native language, and vice versa. For the most part, they are given no systematic training that will help them use knowledge about language differences in their work with children. Further, there are few opportunities for people from the community to share information about their tribe, such as child-rearing practices or language use. Such knowledge might help teachers to find ways of relating to children, and to develop curricula that build on children's experiences and interests.

In Alaska, a bilingual program, with heavy emphasis on training, is in operation in seven village Bureau schools in the Yupik-speaking Bethel area. In the first, second, and third grades the program is supplemented by Yupik-speaking staff who work under the supervision of the English-speaking teachers. There are daily planning sessions between these two sets of staff so that English language teaching and teaching in Yupik can be coordinated. Instruction in Yupik is more intense in the first grade and more English is used in second and third grades. "Children also receive Yupik instruction in culturally relevant areas such as Native crafts or local animals, foods, and customs."[1] Training for this program includes a four-week summer training and a mid-winter workshop. In addition, a Training Development Specialist provides continuous inservice training for the staffs. Familiarizing English-speaking staff with the Yupik language, surveying successful bilingual programs in other areas, in addition to curriculum and materials development are important aspects of the training.

In addition to training needs, there is a great need to move Native American aides into teaching roles. The only organized career development programs in which Indian aides have participated in the last five years have been the Teacher Corps and the Career Opportunities Program (COP). In some schools visited in the Dakotas, and on the Papago and Navajo reservations, the only Indian teachers on the staff were recent COP graduates. For example, the Bureau recently hired eight local teachers for the Papago schools. All eight had graduated through the Career Opportunities Program at Arizona State University with a B.S. and certification in Special Education. Some are now going on to get their Masters degrees.

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[1] Primary Eskimo Project, Bureau of Indian Affairs, Bethel Agency, April 1975.

COP was established under the Education Professional Development Act of 1967, and is currently being phased out. The program included both urban and rural projects in every state. It established a national career training model to improve the learning of low income children by recruiting minority people to work as aides in schools in poverty areas, while they went to college at the same time. Community advisory boards, local school districts and colleges were encouraged to work together in new and creative ways. As one report on a rural COP program stated:

> ...there is no doubt that COP was especially effective in the countryside in helping to bridge the long standing school-college/university chasms. Curricula were adjusted to fit specific sets of conditions. Onsite instruction offered for the first time by many of these institutions came to be taken for granted throughout rural/reservation/mountain COP projects....New course units were developed....Many of these--special education for the non-English speaking child, examinations in depth of certain tribal characteristics of reservation bound Indians, methods of teaching bicultural concepts--imposed new problems and competencies alike on the colleges involved.[1]

Perhaps the most important implication for developing plans for training Native American teachers is that participants have an opportunity to have three or four years of student teaching while they attend college classes rather than the normal undergraduate pattern of only three or four months in a school setting.

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[1] G. Kaplan. The Career Opportunities Program in the country: large waves in small ponds. COP Bulletin Series, Vol. III, Bulletin 3, 1975-76, p. 2.

The COP program in Alaska, which was combined with Teacher Corps and was known as the Alaska Rural Teacher Training Corps (ARTTC), has had 44 graduates; 33 are Native American, and 36 are currently teaching in Alaska's rural school system. In the spring of 1975, ARTTC undergraduates were working in 20 villages.

> First memorable statistic: the 44 ARTTC graduates represent one-fourth of all the Native American graduates of the University of Alaska at Fairbanks (the main campus) since 1930. Second memorable statistic: there were seven Native American teachers in all of Alaska in 1971, but 30 Native American ARTTC graduates entered the system in 1974 alone.[1]

Building on the experience of more than five years of participation in COP, the Navajo Tribal Education Office has continued the program with modifications designed to suit their particular needs. Participants who have some college credit take classes in cluster sites once a week with faculty from the University of New Mexico and the University of Arizona while they have part-time jobs teaching in schools. Ninety participants have graduated and there are 200 more currently in the program.

Preparation currently provided for Native American administrators is also far from adequate. A high school teacher can take a few graduate credits in school administration and be eligible to be a principal. There is no provision for field work or a period of interneship. Although some individuals are able to cope with the many demands made on them in this new role and are doing well, many others flounder with little support or supervision, and critics are quick to downgrade Native Americans in positions of responsibility. The Navajo Tribal Education Committee, under the leadership of Dillon Platero, has developed a program which attempts to deal with this problem by providing a realistic work/study sequence for a small number of Indians who are nearing the end of their

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[1] G. Kaplan. The unlikely alliance: COP and academe. COP Bulletin Series, Vol. II, Bulletin 8, 1974-75, p. 8.

Masters degrees in school administration.

Many staff, parents and community people responsible for planning and implementing programs for young Native American children have no access to training; that is, there are often no programs for some aides, middle levels of supervisory and administrative personnel, or for parents and members of local educational planning committees. However, there are more and more systematic attempts to provide general adult education classes. In the Bethel area in Alaska, for example, the Kuskokwim Community College operates such a program in 17 villages in the area. Village residents (recruited from high school by the Village Council) teach classes in basic academic subjects such as English, math and science, as well as clerical and secretarial work. Some of these courses are credited toward the GED, others toward the AA degree. Students are often high school graduates or high school dropouts, but also include elderly people who want to learn English. Teacher turnover is a problem.

Attracting young people into the teaching profession should also be part of any comprehensive plan for developing Native American staff. In some areas this is done informally, as in Shiprock where children from the public high school work with younger children in school, and receive credit for this work in conjunction with a course called Introduction to Teaching. In the Exploring Childhood curriculum, developed as part of the Education for Parenthood Program, high school students work with four-year-olds in preschool settings and have courses in child development. This program was in effect in Kotzebue and Choctaw.

Prekindergarten Programs

The vast majority of personnel who staff educational programs for children from infancy to age five or six are Native American. Most of these programs are tribally operated. In Head Start, for example, the Parent Policy Councils take responsibility for the hiring and firing of staff. Recruitment is usually on a local basis; positions are locally advertised, and occasionally individuals are asked to apply by their council members (for example, in small Alaskan villages). In larger reservations, tribal personnel policies may dictate hiring procedures. There are usually several applicants for a given position. Infant and preschool programs thus offer employment opportunities for Native Americans. When a program is new, staff may be hired more on the basis of need for employment and less because of their qualifications to work with young children. In many instances we were told that this had been a problem. However, after the program has become more securely established, such practices seem to drop off.

Prekindergarten programs have also been troubled by severe problems of staff turnover. The sources of difficulty in these programs are partly due to low pay and uncertain funding. A Head Start trainer in Alaska told us, "Staff turnover is very high. Last year the staff got a raise of a dollar an hour and now it will be less. The turnover is partly a question of money and partly a question of better jobs being available elsewhere." In Isleta, there had been several Head Start directors over recent years but a very stable staff of teachers and aides. Staff turnover is also due to the success of the career ladder which is built into the Head Start program. After working in Head Start and participating in the training programs, staff move on to other, higher-paying jobs.

Training for Indian Head Start programs is currently administered by seven area Offices of Indian Child Services (OICS). Each OICS office has a staff of about three people, and serves approximately 12 reservations, some as far as 500 miles apart. Great distances have to be covered and many programs served, since each program may have many centers in different locations. Onsite or cluster-group training is carried out despite severe practical problems. Individual center staffs are not given as much service as is needed and even cluster training is minimized because of the expense and because Head Start centers must close during the training periods since there are no substitute teachers.

Because of these difficulties, OICS directors try to call the Head Start directors together on a regular basis for a two- or three-day training session, usually every month. This strategy has its drawbacks because Head Start directors have varying degrees of expertise and ability to translate the training to the center staff. However, there are also positive aspects of having groups meet together regularly. The Head Start Directors in Zuni and Isleta, for example, felt very positive about the monthly meetings, the personal and professional interaction, and the support that the Directors give one another. As far as the OICS staff themselves are concerned, there is little or no provision for training.

Since its inception, Head Start has been committed to continuous training and career development for all staff and parents. One of the first national new careers programs was the Head Start Supplementary Training program, a work study program developed in cooperation with nearby colleges to provide onsite and campus-based course work and supervision leading to credentialing. This commitment to staff development and career ladders is also reflected less formally by the encouragement given to staff to improve their job skills in a variety of ways.

The Head Start Director at Zuni described a fairly typical situation. At Zuni they prefer to hire aides with a GED but, whether the aides have it or not, they must continue training. Now all the aides in Zuni Head Start have their GED, and recently six have earned their AA degrees, and five teachers have taken educational courses on their own at local colleges. In Papago, also, the few Head Start staff who are not high school graduates are in GED courses and the rest of the staff are taking courses toward an AA or BA, or for personal enrich-ment. Teachers in Emmonak and other Head Start staff in the Bethel area have also taken courses at Alaska Methodist University and at Kuskokwim Community College, in addition to the training given by Head Start.

The emphasis in the Office of Child Development has recently shifted to developing a new category of child care worker, the Child Development Associate (CDA), through onsite, competency-based training. This innovative approach to teacher training is currently being carried forward in 13 pilot sites. At the same time, an effort is being made to establish the CDA as a nationally recognized credential which certifies professional competency acceptable to State certification agencies.

One of the 13 National Projects funded by the Office of Child Development was awarded to the Erikson Institute of Chicago for training Indian CDAs. The project is completing its third and final year.

Using the strategy of training trainers, a staff member of the Erikson Institute (the trainer) is made responsible for training a future Indian trainer, called a specialist. The Erikson trainer works with the Indian specialist onsite four times a year for three days at a time. The trainer-specialist teams all meet together four times a year to help assess the training needs of the staff whom the specialist is training, and to help the specialist find the necessary resources and training materials. The CDA materials, competency areas and assessment plans are discussed and plans made for implementation at the training site. During these meetings two researchers evaluate progress, identify problem areas and tape personal interviews with the specialists. As the three-year program comes to an end, there are eight trained, competent specialists in the field able to train Indian paraprofessionals in the basic CDA competencies.

In their suggestions for the CDA training programs, the Erikson Institute points out that teachers of Native American children should "demonstrate in their interactions with both children and families a true appreciation and respect for the value system of the tribe and the Indian community" and that training should focus on:

> An awareness that the values of a Native American community may be in conflict with those of the majority society
>
> An understanding that the Native American child is a loved and valued member of his family, his clan and his tribe and that he may be affiliated with more than one tribe
>
> A respect for Native American religious and philosophical beliefs
>
> A respect for those values of particular importance in the community, such as reverence for the wisdom of elders, the importance of cooperation rather than competition
>
> An acceptance of the family as the primary teacher of the child, and that the grandparents, aunts, uncles play an essential part in this process through the established clan and tribal structure.[1]

Many of the CDA programs have had delays in getting started mostly due to the difficulty in finding qualified trainers. In many of the programs we visited, there was only a handful of eligible staff who had started the program. In others, such as Gila River, a sizable proportion of eligible staff members was enrolled.

In Navajo Mountain, where the CDA program was launched in October 1975, the initial phases were described in glowing terms by the Field Principal. He said that the CDA trainer gives the staff ideas, shows them how to make things, and observes the teachers. His overall assessment of the program to date is that "the staff is being exposed to more knowledge, more activities. This has really improved our program and has been very beneficial to the staff."

In Salt River, where the two CDA candidates are part of the national pilot study, the procedures for assessment of competencies are being field tested.

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[1] Competence and Culture for American Indian Children. Erikson/OICS Training Project. Chicago, Ill.: Erikson Institute for Early Education, undated.

One of the candidates is a Head Start teacher who had previously been an aide in the Mesa public school, had then moved to Head Start as an aide and subsequently became a Head Start teacher. At present she designs her own training modules, with the help of her CDA trainer and consultants from the Erikson Institute. She is expected to read in each of the areas covered by these modules and develop a portfolio (that is, a full record) of her activities and achievements in 13 basic areas of competence designated by the Office of Child Development. The CDA trainer also observes her working with children, especially in activities that relate to the training modules.

The Kuskokwim Community College in Bethel has developed the most comprehensive approach to the training of early childhood staff. It incorporates the CDA model and is also available to staff who are not enrolled in CDA. The KCC offers an AA program in early childhood education as well as degree courses in elementary education, adult education, and bilingual education. The early childhood sequence, in which Head Start staff, some Bureau staff and community people are enrolled, offers a competency-based curriculum. Head Start staff (and often parents) come in for workshops, and instructors visit sites at least twice each semester. The competency-based CDA program can be continued, after two years, as a BA course in education at KCC or elsewhere. All programs offered at KCC also have outreach components both by mail and on television.

Parent Involvement

Elementary Schools

Until the advent of Head Start and other Title programs, Indian parents did not have a voice in decisions concerning the education of their children. In the last ten years, and especially in the last five, parents have been given more responsibilities in many educational programs and their role is now considered crucial. As stated by Abe Plummer, Executive Director of the Ramah Navajo School:

> We must be guaranteed that Indian parents will be allowed to actively participate in the implementation of, the maintenance of, and governance of all programs for Indian people.
>
> That must be the underlying theme woven into any future legislation for us. And where it is appropriate, it should be spelled out, that committees should be composed of all Indians, and again where it is appropriate, especially where tribes are still traditional, that a majority of the all-Indian committees should be bilingual or native speakers.[1]

Parents are increasingly involved, on advisory boards to Title committees, as members of school boards, as tribal officials directly concerned with education, as aides on school staffs, and as community resource people.

The degree of their involvement varies. In schools contracted to tribes where tribes have control over and complete responsibility for the operation of the school, parents have policy-making powers, sometimes in conjunction with a larger community group. In Bureau schools, all members of school boards must be Native American. These school boards are advisory only. In many public schools where there is a large number of Indian or Alaskan Native children, the school board may be predominantly Native American. Where there is a strong tribal education committee, the influence of Indian school board members, particularly in public schools, is enhanced.

In his Congressional directive in 1968, President Johnson showed his awareness of the importance of the role of Indian school boards:

> To help make the Indian school a vital part of the Indian community, I am directing the Secretary of the Interior to establish Indian school boards for Federal Indian schools. School board members--selected by their communities--will receive whatever training is necessary to enable them to carry out their respnsibilities.[2]

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[1] Indian Education Act of 1971, Hearings Before the General Subcommittee on Education of the Committee on Education and Labor, House of Representatives, 92nd Congress, Washington, D.C.: U.S. Government Printing Office, 1972, p. 59.

[2] Lyndon B. Johnson. Special message to the Congress on the problems of the American Indian: "The Forgotten American," March 6, 1968. Public Papers of the Presidents, p. 338.

Although these boards were established in Bureau schools as a result of this directive, we did not come across a single instance of training for school boards, though there is a great need for it. There is no Federal training program for school boards. The Coalition of American Indian Controlled School Boards in Denver, Colorado, is an organization which provides training and technical assistance but mostly to school board members and prospective school board members of contract schools.

Parents are members of advisory or policy committees for Title programs and JOM funds serving Native American children, and in Follow Through. Their participation is mandated, and is critical for funding. The Indian Education Act of 1972 also requires parents to "sign off" in order to receive funding. Parents also serve on other advisory groups, for example, in Akiachak the Early Childhood Resource Council functions as a school board for early childhood programs, and also recommends local candidates for staff positions in the Bureau day school.

Although the fact that Indian people now serve on many committees is a sign of progress, these groups often do not function well in most schools. Typically, a school will have at least two or three advisory groups which meet separately and usually communicate only with the principal. The influence of the parents is dissipated by the isolation of these groups and the lack of a coordinating structure in the school.

The involvement of parents in the everyday life of school programs varies depending on the parents themselves and on the school administration. At the least, an increasing number of parents are having experience in dealing directly with school issues and school personnel and becoming more and more confident in their potential ability to adjust the system to their needs rather than merely adapting to the system.

In addition to working as aides in some schools, parents also work as volunteers or consultants. In Fort Totten there is a parent tutoring program where parents work with individual children with special problems. In schools where Indian culture is emphasized, parents are asked to share their knowledge and skills. Some principals expressed a desire for funds to pay parents to work in after-school programs and clubs. They also would like a less formally organized "grandparents program" because, as one principal said, "There are too many requirements for the program now, most people don't qualify."

Many people whom we interviewed expressed a desire for schools to be available for community activities, recreation and adult education classes; and to make school facilities such as the library and other resources available to the community. Although most schools sponsor one or two large activities a year, for example, a dinner at Thanksgiving and a picnic in the spring, it was suggested that more parents would come to the schools if activities were planned together with community groups.

Most contact between teachers and parents is through parent conferences, and Bureau schools seem to be more conscientious about scheduling these than are the public schools. Although in some schools teachers reported that attendance at these conferences was not good, schools that made an effort to get parents to attend were very successful. In Kotzebue, for example, there is a Parents Day twice a year. School closes at noon and conferences are scheduled till 4:30. Last year there was a 75 percent attendance.

One parent summed up the attitude of many others: "If parents take an active interest in school, their children will try harder." Some parents, however, are more skeptical about their contact with the schools. One tribal elder explained: "There is always a constant fear of education people by the traditional people, because of past history and treatment of the Indian people." One principal told us: "Earlier, the parents had to get drunk to get up courage to come to school.

They think they are coming to school for trouble; they remember it that way from when they were in school and parents were discouraged and only called in for trouble." Other parents expressed the view that although parents want good education for their children, they often don't know how to support and influence the schools, or may be ambivalent about school. A young Indian youth counsellor said: "There is a lack of support for education of children. There is no discipline, no emphasis on education, no idea of the need for education. A lot of children live with their grandparents even if their parents are alive. Some grandparents say if you get education you may lose your Indianness."

School personnel have a mixed view of the value or necessity of parent involvement. A teacher said: "Schools still have a hands-off attitude towards parents. Teachers don't have much contact with Native families. Their attitude still is 'we will handle education.'" But many teachers are very concerned that the parents know about their children's education and that they take an active part in encouraging it; such teachers work hard to get the parents to come to conferences. A teacher in one of the pueblos told us that after the fall conference her children's work is usually improved.

The boarding schools have much less contact with parents. Although most schools have recently started to allow or even encourage children to go home on weekends, one principal summed up our observations: "There is little or no parent participation here. Our only contact with parents is when they come to pick up their children, or if there are special problems, or if we have special programs."

Prekindergarten Programs

Head Start has been in the forefront in emphasizing the importance of parent involvement in and control over their children's education. Before Head Start and current Title programs, Indian parents had little to say about their children's education. Head Start sees the objectives of parent involvement as providing parents with opportunities to influence and share in the operation of the program, and enabling parents to increase their understanding of child development and child rearing. These objectives are reached in a variety of formal and informal ways. The overall structure for all decision-making, including program, staff and budgetary considerations, is the Parent Policy Council (PPC).

The organization of these councils varies from one program to another, but in all programs the PPC must be elected and 51 percent of its members must be parents. In one Alaskan village, for example, all parents are encouraged to be members of the PPC, and five to eight elected officers function as an executive committee. In Papago, each of five Head Start centers has a PPC which sends two representatives to a Parent Policy Council which deals with overall Head Start program decisions. In other areas, membership in the PPC is open to other community members. In another village in Alaska, for example, 51 percent of the PPC members are Head Start parents, and the rest are interested people in the village. In Chinle and other Navajo areas, the local chapter is involved in planning for Head Start programs.

The parent group has the right, and the obligation, to assess the needs of the community and design a program to fit the community needs. The length of the day, the physical setting of the center, the days and hours of operation, the months in which the center is open, are all program options which the parents have the right to establish. Parents can also establish program priorities, as in Cherokee where the Parent Board was faced with funding cuts and, after many meetings, decided to eliminate the home-visiting program in order to maintain previous funding levels for the center-based programs.

The classroom program must also be approved by a parent committee and they must contribute to writing and developing the overall curriculum design. Parents must also make decisions about whether and how the Native language should be taught. In Alakanuk, for example, the PPC decided that the Head Start program should be conducted in Eskimo and in English on alternating days.

Parents also approve a training plan for themselves which supplements meetings with the staff. Such activities can range from a course in self-improvement such as "weight-watchers" to a series of discussions on discipline based on the requests and personal desires of a group of parents. In Cherokee, for example, the Head Start parent coordinator arranged for 12 Head Start parents to take part in a hospital training program which would lead to jobs in the IHS hospital. In some areas, parents are included in more formal staff training. We saw examples of this in the Bethel area in Alaska. A parent, a health aide, and a cook from Alakanuk all attended a special Head Start workshop together; and several workshops in Bethel included parents and staff, for example, workshops in health services and parent involvement programs.

There are also regular parent meetings in which the center staff explain the curriculum, and others in which specialists, such as psychologists, nutritionists, health personnel, and child development specialists, have discussions with parents. Parents also learn more about child development and ways to enhance the learning of their children through participation in classroom activities whenever possible, and by taking trips with the children. Many parents who started working as part-time volunteers in Head Start have moved into staff jobs and are now part of the professional training and career ladder activities provided in each program.

Parent groups also raise money for various center activities, as in Navajo Mountain where the parents in a very small center raised $1,000 last year to go on a three-day field trip to Phoenix. In Zuni, parents raised money for a duplicating machine, for painting the center, and for play equipment. Parents also supplement the program in other ways. In one village in Alaska, for example, parents donate fish to the center for the lunch program. In Choctaw, parents and staff raised money to buy a freezer, and the parents raise vegetables and livestock which they prepare and freeze for the children's meals. In Choctaw, Cherokee, and other places, the parents have built functional as well as beautiful outdoor play equipment for their centers.

There is great variation in the amount of parent participation or involvement. Where there is less parent involvement it is usually because of a lack of staff commitment and, in some cases, this is because the staff have not been adequately trained in how best to involve parents. Where there is a greater degree of involvement it is because staff and parents believe that parent participation is a crucial part of Head Start. Efforts are made to overcome all obstacles, such as communication and transportation problems, in order to involve parents in all aspects of the program. Many Head Start staff and parents told us that it had been an uphill battle to get good parent involvement, and it is an area that they are still working hard to improve.

Parent involvement is clearly a major factor in the enthusiastic acceptance of Head Start in the communities we visited. Parents felt that "Head Start listens to parents. Parents have a chance to say what they want" and "I have a chance to speak up at PPC meetings" and "Head Start will listen to the PPC. We hire the staff."

In the day care programs we visited, parent involvement, on the whole, was very poor. Many of the parents who attend day care centers are working, and many of the children, we were told, come from single-parent homes in which the parent is especially burdened. Contacts with parents, in these programs, consists almost entirely of a few words when the parent brings or picks up the child or children. Many staff members take this opportunity to speak to parents about their children. Because parent participation is not integral to these programs, there is no parent coordinator whose sole responsibility it is to reach parents, visit homes, or work at organizing evening meetings which are sufficiently interesting so that parents will attend. On the whole, parent meetings were poorly attended. Day care centers are needy in this respect as in many others, as noted earlier.

Parent participation and involvement in the Parent Child Development programs at Acoma and Choctaw is, as in Head Start, integral to the program. Similarly, in the early childhood program in the Alaskan village of Akiachak, parents participate with their children in the program and the curriculum for the very young children is also brought into the homes.

Parent participation and parent and community control in education is a key factor in ending the powerlessness of Native Americans.[1] As Estelle Fuchs has said, there is much to be learned from the Indian, including

> the right of men to participate in the institutions that affect their lives; and that no policy or program, regardless of how well intended, will succeed without his approval.[2]

Coordination

One of the major problems in the educational programs for children is the lack of coordination among programs. Clearly it is a complex problem; there are a multiplicity of school systems on or near reservations (BIA, contract, public, mission) each of which has different funding sources which, in turn, are supplemented by a variety of Federal monies.

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[1] It is cited as a key principle guiding the operation of educational programs serving populations in poverty. See S. H. White, M C. Day, P. K. Freeman, S. A. Hantman, & K. P. Messenger, op. cit., Vol. IV.

[2] E. Fuchs. Time to redeem an old promise. Saturday Review, January 24, 1970, p. 75.

Difficulties arise in hiring and personnel practices, admissions criteria, guidelines for program implementation and expenditure, and use of facilities. Hiring practices and salary scales differ considerably. Bureau and public school teachers are paid different salary rates and the Bureau pays classroom aides a higher salary than comparable jobs in Head Start. Title program aides are hired on a different basis and at a different salary. One result of this is job hopping from one program to another. Personnel procedures also vary, especially with respect to released time for training. Although Head Start and Title programs provide released time for both short- and long-term training, the Bureau does not, although it does encourage personnel to take educational leave in the summer. However, attempts at coordinating services and training between early childhood and school programs, as in the Developmental Continuity Project in Dilcon, for example, are thwarted by the fact that Bureau personnel cannot get released time to attend training sessions.

Admissions criteria create serious problems in early childhood programs when income eligibility and guidelines dictating program hours preclude serving the children who often are most in need of the program. Eligibility restrictions and differences in program guidelines for the expenditure of Federal monies are a continual source of problems in the schools, ranging from the use of JOM funds to the assignment of children to special service programs.

The lack of coordination in the use of facilities is another great problem, especially in the uses of transportation. One mother told us that seven school buses pass her house every day. Some attempts have been made to coordinate the use of facilities, as in Fort Defiance where underutilized Bureau schools are sharing facilities with the overcrowded public schools. Although in some communities, Head Start has moved into unused Bureau schools, there are empty BIA school buildings and dormitories in the same community where Head Start and day care centers are trying to find space that will meet state licensing requirements. There needs to be more sharing of resources such as water supplies and telephones with other programs that need them, and with local communities.

The lack of program coordination within and among schools leads to shortchanging the children. For example, in the early childhood and primary grades at Choctaw, four different early childhood programs (Head Start/Parent Child Development Program, Parent Child Development Program, Follow Through, and Bureau), with different and often conflicting philosophies, are being implemented concurrently. The Parent Child Development staff is now trying to set up an Early Childhood Curriculum Committee with representation from these four programs to coordinate curriculum for preschool through the third grade.

Similarly, staff development is hampered and the eventual benefit to children minimized through the lack of coordination in training. For example, the Bureau sponsors management training seminars for its staff but does not include project directors from programs such as Head Start, Follow Through, or Child Abuse projects. In some places, when Head Start has training sessions on nutrition, parents and food service personnel from other programs such as schools and hospitals are not invited.

At the present time, these problems are tackled locally, if at all, and on an individual basis. For example, we were sometimes told that Head Start center directors meet with kindergarten teachers to arrange for Head Start children to visit the local kindergarten. However, such efforts are isolated and only occur if single people take the initiative. What is needed is a massive effort at the Washington level to coordinate all programs serving Native American children and families in terms of funding, administration and implementation.

EXPRESSED NEEDS IN AND ATTITUDES TOWARDS EDUCATION

Needs relating to education were expressed by 490 of the 889 people interviewed, that is, by 55 percent of interviewees. Native Americans constituted 348 or 71 percent of this group and non-Native Americans 142, or 29 percent. Persons expressing needs in education included educational personnel--administrators, teachers, teacher aides, teacher trainers, etc.--and persons in other professions, and parents. In all, 490 interviewees expressed 1,294 needs concerning education (see Table VIII-8).

Table VIII-8

Number of Educational Needs Expressed, by Source

Source	Respondents #	Respondents %	Responses #	Responses %
Native American	348	71	944	73
Non-Native American	142	29	350	27
Total	490	100	1,294	100
Education	214	44	654	51
Non-Education	276	56	640	49
Total	490	100	1,294	100

Although there were fewer people in education than outside that field who expressed needs, slightly more needs were expressed by the educators; thus educational personnel, on the whole, were not merely defending the status quo.

As can be seen from Table VIII-9, the four most frequently mentioned categories of need were concerned with staff in educational programs, with the curriculum, with the need for more programs, and with a need for improved facilities.

Table VIII-9

Categories of Educational Needs Expressed, by Source

Source	Staff		Curriculum		More Programs		Facilities		Parent Education		Parent Involvement		Coord., Coop., Comm.[1]		Administration		Adult Education		Special Education	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Native American	173	75	153	75	139	72	155	84	81	66	70	66	69	69	45	67	38	83	21	55
Non-Native American	59	25	52	25	54	28	30	16	41	34	36	34	31	31	22	33	8	17	17	45
Total	232	100	205	100	193	100	185	100	122	100	106	100	100	100	67	100	46	100	37	100
Education	140	60	78	38	75	39	91	49	47	37	64	60	69	69	47	70	18	39	25	66
Non-Education	92	40	127	62	118	61	94	51	77	63	42	40	31	31	20	30	28	61	13	34
Total	232	100	205	100	193	100	185	100	122	100	106	100	100	100	67	100	46	100	37	100

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[1] Coordination, Cooperation, Communication.

The 232 staffing needs mentioned included wishes for better trained staff, for more staff, and a desire for staff to be more knowledgeable about Native American language and culture.[1] Significantly, only one non-Native American expressed the latter need.

The second most often mentioned category concerned the curriculum (205 needs expressed). By far the most often mentioned content here was the need for more Native language and culture in the curriculum. Other mentions consisted of general comments, for example, that the curriculum does not relate enough to what children can do that they have learned at home; finally, there were a few very specific curriculum comments, for example, that the Alaska Reader should be revised because it is no longer up to date.

The third most frequently mentioned category (193 needs expressed) was the need for more educational programs or to expand already existing ones. The vast majority of these comments referred to early childhood programs. Seventy-one percent of Native Americans expressing educational needs mentioned this aspect. When we look at this category according to whether the source was a person in education or outside that field, we find that only 39 percent of educational personnel expressed the need for more programs in education. It is voiced much less often by non-Native Americans (28%) and by educators (39%).

The need for better or more facilities was expressed 185 times; mention of this need was especially frequent on the Navajo reservation and in the Aberdeen area.

Parent education, especially with respect to the health, nutrition, education and development of their children was mentioned as a need 122 times, and parent involvement 106 times. Other categories of need concerned the need for coordination, cooperation and communication within and between educational programs; need for adult education; administrative concerns (often relating to problems connected with bureaucratic decisions and delays or with the need for more and more stable funding); as well as the need for special education.

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[1] In his study of the Oklahoma Cherokee, Wax also found that the need for better teachers and better teaching was the most often expressed response when interviewees were asked how the schools could be improved. M. Wax, op. cit., p. 123.

As far as attitudes to educational programs are concerned, Table VIII-10 presents a breakdown of positive and negative attitudes to early childhood programs, to existing elementary schools, and to bilingual and bicultural programs. As can be seen, the vast majority of those interviewed were extremely enthusiastic about early childhood programs (86% in favor). Most of these responses came from Native Americans (72%). Respondents were also very much in favor of bilingual and bicultural programs (88% and 90% respectively). Again, most of these positive responses came from Native Americans (77% and 78% respectively). When negative attitudes were expressed, they concerned people's belief that young children should be at home with their mothers (14% in all); and that the Native language and culture is the responsibility of the home, or that English should be the language of instruction (voiced in approximately equal proportions by Native and non-Native interviewees). Attitudes toward elementary education were more evenly divided, with positive attitudes slightly more frequent than negative ones from the sample as a whole (54% positive, 46% negative).

Table VIII-10

Percent of Positive or Negative Attitudes Towards
Educational Programs, by Source
N=544

Source	Early Childhood Pos.	Early Childhood Neg.	Elementary Pos.	Elementary Neg.	Bilingual Programs Pos.	Bilingual Programs Neg.	Bicultural Programs Pos.	Bicultural Programs Neg.
Native American	72	8	44	30	77	5	78	5
Non-Native American	14	6	10	16	11	7	12	5
Total	86	14	54	46	88	12	90	10

These expressed needs and attitudes are consistent with the needs presented above and with other sections of this report. There is a great need for programs in early childhood education; this need is expressed by Native Americans whose attitude is also unequivocally in favor of such programs. There is a great need for better trained staff in all programs and at all levels, also expressed by the people we interviewed. Enthusiasm for elementary schools in general was much lower than for preschool programs. That there should be more Native American teachers in the schools and that Indian and Alaskan language, history and culture should be a part of the school curriculum is clearly evident in these data.

IX. BILINGUAL PROGRAMS AND ISSUES

The interest in and pressure for bilingual programs in schools serving Native American communities comes from two quite different sources. First, there are many communities where the ancestral language is spoken by only a few members of the community. Here the impetus is to save the language from extinction; teaching the Native language to children, young people, and adults is seen as central to an effort to reclaim and revivify the heritage of the community. The second source of pressure for bilingual education, and by far the more common, comes from the many hundreds of communities where the Native language is the dominant language, and children come to school with little or no facility in English. There is no doubt that fluency in speaking, reading, and writing English is the sine qua non for survival in the American school system, and command of English is necessary for higher education as well as for the successful competition for jobs.

There is unanimity of opinion that the goal of elementary education must be to enable Indian and Alaskan Native children to achieve competence in English. At the same time, there are grave differences of opinion about the methods, sequence, and timing that will best foster the development of competence in English. Some parents and teachers feel that the sooner young Native American children learn English, the better. Others are convinced that schooling must begin in the language that children speak, with a gradual transition to teaching in English as children develop understanding of English and of the concepts underlying the school curriculum. Linguists as well as many community groups have argued that such a bilingual approach is the most educationally sound approach.

Concern with bilingual education represents a relatively new phase in educational thinking. For many decades an assimilationist philosophy governed the education of American Indians and Eskimos, as well as that of immigrant groups.

The ideal of a homogeneous society into which all diverse cultural groups would be assimilated has given way to a valuing of cultural pluralism--recognition of the right of each cultural group to preserve and maintain its cultural identity. It is generally agreed that language and culture are inextricably tied together, and that preserving the culture requires preserving the language.

The era when speaking Native languages was forbidden and punished in the BIA schools has passed and there is now an active interest on the part of both educators and community people in programs which promote facility in both the Native language and in English. A number of programs in what is called bilingual education have been developed, but before considering these, it is necessary to present some underlying cultural and educational facts and principles. The picture is not simple.

Relevant Cultural Variations

It is estimated that there are well over 200 Native languages.[1] Many of these are the preferred language in hundreds of communities; there are also languages which have become extinct in recent years and others which are in danger of extinction. A figurative map of language dominance in Native American communities would show considerable diversity from area to area and within area. Table IX-1 shows the language dominance in the areas surveyed in the present needs assessment. There are areas in which the Native language is dominant and

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[1] There are difficulties in determining the number of distinct languages because of variable definitions of language vs. dialect. Estimates of the number of speakers of different languages are not entirely reliable, but Martin has recently compiled data on the number of speakers of American Indian and Eskimo languages. See J. P. Martin, A survey of the current study and teaching of North American Indian languages in the United States and Canada, Center for Applied Linguistics, May 1975. Martin's sources are W. L. Chafe, Estimates regarding speakers of Indian languages (1963) and Corrected estimates regarding speakers of Indian languages (1965), in the International Journal of American Linguistics; and Professor Michael Krauss of the University of Alaska, for the figures for Eskimo and Aleut languages, and others applicable to the early 1970s (Krauss, in press).

Table IX-1

Language Dominance in Communities Surveyed in Present Needs Assessment*

Area	Community/Reservation	Native Language	Dominance* English	Mixed	Native
Aberdeen	Cheyenne River	Lakota	Eastern		Western
	Standing Rock	Lakota, Dakota	part of reservation		
	Fort Totten	Dakota	X		
	Turtle Mountain	Cree, Assinabone, Ojibwa	X		
Alaska	Bethel	Yupik	X		
	Akiachak	Yupik			← X
	Emmonak	Yupik		X	
	Fortuna Ledge	Yupik	X		
	Tununak	Yupik			X
	Kotzebue	Inupiat	X		
Albuquerque	Acoma	Keresan (Spanish)		X	
	Isleta	Tiwa (Spanish)	X		
	Santo Domingo	Keresan (Spanish)			X
	Zuni	Zuni			X
	Jicarilla	Apache	X →		
	Mescalero	Apache		X	
Eastern	Cherokee	Cherokee	X		
	Choctaw	Choctaw			X
	Miccosukee	Miccosukee			X
	Seminole	Seminole			X
Navajo	Chinle	Navajo			X
	Crown Point	Navajo			X
	Fort Defiance	Navajo			X
	Shiprock	Navajo			X
	Tuba City	Navajo			X
Phoenix	Gila River	Pima		X	
	Hopi	Hopi, Tewa			X
	Papago	Pima, Papago			X
	Salt River	Pima	X		
	White Mountain Apache	Apache		X	

*There is some degree of mixture of English and native language in every community, either geographic (e.g., native language current only in small isolated community) or generational (e.g., English predominant except in older generation).

preferred, and the great majority of children come to school knowing little or no English. For example, in southwestern Alaska, Yupik is the language of more than 20,000 Eskimos who live in the Kuskokwim-Yukon region; on the Navajo, Hopi, and Papago reservations, their respective Native languages are dominant. In other areas, English may be the dominant language in one section of the reservation (where the agency office is located), and use of the Native language is correlated with distance from the central offices. For example, on some of the Sioux reservations--Cheyenne River and Standing Rock--the number of people speaking the Lakota language increases as one travels westward. In many communities the picture is mixed--the majority may be bilingual and, at the same time, some speak primarily the Native language and others primarily English.

There are a number of situations in which three languages have to be taken into account. In the Southwest the influence of the Spanish language and culture is still very strong, as evidenced in place names and family surnames. In many homes Spanish is spoken in addition to one of the Native languages and English. In many families more than one Native language is spoken; this is most likely to occur in areas where families are composed of members of more than one tribal group or where tribal groups live near each other (e.g., Navajo/Hopi, Chippewa/Sioux, Cherokee/Cree).

There are also areas where the Native language survives only in the more isolated communities; and in these communities, the lack of facility with English serves as a symbol of the isolation and also as a barrier perpetuating both the isolation and the pattern of limited services. In other communities, where people from several different tribes live together, English serves as a lingua franca.

In addition to the above patterns, there are significant generational differences: the older generation, those 45 and older, often speak the Native language and may have a limited command of English; the middle generation is more often fluent in English, with little or no knowledge of the Native language. It is said that many of the older parents did not want their children to have to go through the humiliation and punishment they had experienced for speaking their Native language, and therefore did not teach them their Native language. The latter generation, in turn, want to reclaim their heritage and regret that they do not know the language of their people. Since they cannot themselves teach the Native language to their children, they are turning to the schools to do so.

In many Indian and Eskimo communities language is a highly charged emotional issue. For example, in many communities, perhaps especially in the Pueblos, language and religion are deeply connected; in some instances this interconnection means that community people, especially elders devoted to preserving and protecting the ceremonial and religious life of the community, actively resist attempts by non-Indians to learn the language and to introduce the Native language into the schools. This is also true of certain aspects of cultural life which have religious significance and are therefore not considered appropriate content for curriculum to be taught by non-Indians in school; these feelings and prohibitions have serious import for the development of bicultural curriculum.

Thus, some communities reject bilingual programs because they do not want non-Indians involved in their language in any way; others may be disinterested because they feel that the language is dying and it is too late to save it; some feel that the school's principal task is to teach English. At the same time, in other communities there is a strong desire to preserve the Native language and, in still others, beginning teaching in the Native language is considered essential for children who enter school with little or no previous exposure to English. It follows that communities must have choices as to the kinds of language programs in the schools, and that different kinds of bilingual educational programs are required to fit these different situations.

In some areas where there is no bilingual program we were told (sometimes most authoritatively by school personnel, sometimes by individual parents) that the community does not want bilingual programs. It was not clear, however, that the community had been consulted. Many parents do say that "the school is the place to learn English." Parents express concern that the children might not learn enough English if they are taught the Native language. On the other hand, most existing bilingual programs have taken and supported the position that children will learn more English more rapidly if they are first taught in the language that they speak. It is necessary not only to survey parents' attitudes, but to supply relevant information and opportunity for discussion of the pros and cons of bilingual education.

In Acoma, a parent survey was conducted, and a bilingual program has been started in the PCDP and the Bureau day school. This is a source of pride in the community: "We are trying to put Acoma back in the vocabulary. Some children are first learning Acoma." Or, as an Eskimo parent in Kotzebue said: "We must instill pride so that we are not second-class white people with a dark skin."

There is no reason to expect unanimity of opinion within a community, but communities have to work out such differences of opinion and feeling. Further, it is to be expected that feelings may change. Many of the Native communities are in flux; these are times of remarkably rapid social change and a community that resisted bilingual programs two years ago may welcome such programs in 1977. Similarly, school administrations may find that their opinions too will change. One thing is certain: interest in bilingual education is increasing in Native American communities. As opportunities for funding bilingual programs have become available in recent years, tribal groups have applied for such funding.

The importance of the problem and the need to provide programs, training, and materials for bilingual education has recently been recognized by Congress and embodied in Public Law 93-380, the Bilingual Education Act (August 1974).[1] A survey of bilingual educational needs of Indian children has been conducted by the National Indian Training and Research Center (Tempe, Arizona), under contract with the BIA.[2] A questionnaire was distributed to almost 500 JOM school districts in 23 states, and to each BIA Area Office. The items covered such questions as: how many Indian and Native Alaskan children in the school have bilingual educational needs, whether parents favor bilingual programs, whether teachers are trained to teach in such programs, whether the school presently has such programs and, if so, whether the present programs adequately meet the bilingual educational needs of the children. The response rate was very good (61 percent of the JOM schools, 80 percent of the contract schools, and 70 percent of the BIA schools responded), but it was also clear that "few schools have conducted comprehensive needs assessments from which objective data may be derived."[3] Table IX-2 shows the number of Indian and Alaskan Native children--preschool through secondary school--who were considered to need bilingual educational programs. On the basis of our experience, and others' judgment of the numbers of children who come to school speaking no English, or only rudimentary English, this estimate (42,454 children) is probably a serious underestimation of the population.

Relevant Educational Principles

Much of the literature and research on bilingual education has concerned the problems and needs of children from Spanish-speaking families--especially Puerto Rican in the Northeast, Chicano in the Southwest. Indian and Alaskan Native children who speak one of the native languages have somewhat different problems

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[1] Amendment of Title VII of the Elementary and Secondary Education Act of 1965: Title VII - Bilingual Education, PL 93-380, August 21, 1974.

[2] Survey of bilingual education needs of Indian children. Research and Evaluation Report Series No. 36, Indian Education Resources Center, Bureau of Indian Affairs, October 1975.

[3] Ibid., p. 6.

Table IX-2*

Estimated Bilingual Educational Needs of Native American Children

	Total Enrollment	No. Who Need Bilingual Education Program	No. Whose Needs Are Being Met	No. Whose Needs are Not Being Met
BIA Schools	46,709	26,117	8,177	17,940
Contract Schools	3,042	1,091	837	250
JOM Public	119,731	30,501	6,241	24,260
Total	169,482	57,709	15,255	42,454

*Source: Survey of bilingual education needs of Indian children. Research and Evaluation Report Series No. 36, Indian Education Resources Center, Bureau of Indian Affairs, October 1975, p. 2.

in learning English. This is partly because the Native languages are not part of the Indo-European language family. Not only are there no common roots, but the linguistic structures are entirely different from those of English. While there is disagreement as to the extent to which language shapes thought, there is no doubt that cultural assumptions and values are embedded in language, and concepts are differentially elaborated. Some concepts that are important in some of the Native languages have no counterpart in English, and vice versa.[1] Further, Native languages are part of an oral tradition. Orthographies have been developed for a number of Native languages, but this is a very recent development and most older fluent speakers of the language do not know how to read or write it.

A major stumbling-block in the implementation of bilingual programs is the fact that there are not enough experienced Native teachers, and few teachers know the Native languages. In addition, most teachers and administrators have limited knowledge of linguistics and of normal patterns of language acquisition; even well-designed programs can backfire when they are misinterpreted and implemented in naive ways.

There are certain fundamental principles which should guide the development and implementation of bilingual programs. First, it is essential to distinguish between receptive (or passive) language and productive language. For most people, but especially for very young children learning their first language, and in second language learning, understanding what is said precedes and is considerably more extensive than what can be produced. Nevertheless, "knowing" a language requires expressive as well as receptive proficiency. Learning to communicate in a language requires opportunities for expression and communication; one must learn to think in that language. Yet many teachers restrict children's talk in class to simple responses, single words or phrases, and take a very narrow view of what language learning means.

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[1] A case in point is a recent effort to translate into Navajo the Boehm Test of Basic Concepts--a test of concepts which underlie early school language requirements. The test was translated by fluent bilinguals. Nevertheless, it was concluded that the Navajo version and the English version of the test were essentially different, and the differences were attributed to the different ways in which meaning is expressed in Navajo and English. (A. R. Scoon-Rosenbluth, The feasibility of test translation--English to Navajo, Ph.D. dissertation, University of New Mexico, December 1974.)

A second principle is that teaching a second language must take into account the child's level of development and understanding of concepts and ideas. Young children's grasp of their first language is imperfect and in flux; they are constantly learning not only new vocabulary but new structures and rules; they are also learning new concepts and clarifying their understanding of others. In order to stabilize this process, Susie Tso, for example, Child Development Specialist and Coordinator of Head Start programs for the Navajo, considers it essential that Navajo should be the language used in Head Start. When these young children have acquired a firmer base in their own language, and a more solid understanding of the fundamental concepts and cultural ramifications expressed in that language, it becomes appropriate to begin the process of learning a second language.

A corollary to this is that teachers should know what the children's language status is, and should know how well children understand fundamental concepts. Knowing what the child's language status is may seem obvious, and often is obvious when children come to school speaking only the Native language. But on the one hand, when children speak some English, teachers often assume that if the child understands some of the things she says in English, and makes some statements in English, then that child "speaks English." This may be an unwarranted assumption. On the other hand, teachers and school administrators may also underestimate the children's knowledge of their Native language. For example, the Cherokee (North Carolina) school recently started the practice of having a Cherokee-speaking adult interview each entering child in an individual interview. The staff were surprised to find that approximately half the children had at least a receptive knowledge of Cherokee.

A thread that runs through all bilingual programs is the idea that the second language should build on knowledge of the first language, that concepts should be understood in the first (Native) language before being introduced in English. This is an eminently sound idea, but in practice it is often most superficially applied. It cannot be assumed, for example, that a single demonstration of an idea, e.g., that sugar dissolves when put in water, ensures understanding of the basic concept (e.g., dissolve), or that that term, when it is then introduced with a similar demonstration in English, will be understood in English. Concepts are not learned by one or two exposures or demonstrations. A great deal of evidence now exists that children in all cultures learn to speak at about the same age, and learn to express themselves in age-appropriate terms.[1] By the age of five or six, however, children have not yet learned the more complex syntax, or the more subtle means of expressing themselves in their language. Nor have they mastered many of the concepts that are basic to understanding the world. They may use words for concepts that are not fully understood, or they may have some operational understanding of concepts for which they do not yet know the words. When a second language--especially one with totally different semantic and syntactic structures--is overlaid on the first imperfectly apprehended language, certain confusions may be inevitable. A thoughtfully planned language program must take these factors into account.

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[1] See R. Brown, Psycholinguistics: selected papers, New York: The Free Press, 1970; C. Chomsky, The acquisition of syntax in children from 5 to 10, Cambridge, Mass.: MIT Press, 1969; V. P. John & V. M. Horner, Early childhood bilingual education, New York: Modern Language Association, 1971.

A third principle is that a considerable amount of knowledge about language, language development, and conceptual development is necessary if a second language is to be taught successfully, especially to young children. An earlier report dealing with teaching English to American Indians noted that "where teachers are interested in language problems and have had some training and exposure to linguistics, it is reflected in their teaching. Many, however, display a great naivete about language, a lack of awareness of problems of second language learning, and modern approaches to these problems. Sometimes insufficient training and information cause a distorted interpretation of modern techniques, ending in their misuse."[1]

Second language teaching is often highly structured and didactic, with a minutely programmed timetable and curriculum guide. One underlying assumption of this approach is that the individual already has an elaborated first language to which the second language can be tied. But, perhaps more important, such approaches do not consider the fact that the processes of acquiring a second language are necessarily related to the processes of acquisition of the first language. As Susan Ervin-Tripp points out:

> Recent work on children's language acquisition has brought out strongly that the child is not just a passive vessel of sense impressions. He actively strains, filters, reorganizes what he is exposed to. His limitations are not exact duplications or even random reductions of input, but reflect knowledge similar to that revealed in his other uses of language. In this respect, first and second language learning must be quite alike; the learner actively reorganizes, makes generalizations, simplifies. Any learning model which predicts language learning on the basis of input without regard to the selective processing by the learner will not work, except for trivial problems. And yet most of our rationales for procedures in second language instruction have been based on assumptions that organization of input,

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[1] S. Ohannessian, J. D. Bowen, W. R. Slager, & R. C. Troike, Study of the problems of teaching English to American Indians: report and recommendations, Center for Applied Linguistics for the Bureau of Indian Affairs, 1967, p. 15.

plus practice, will have predictable results.[1]

We know that children do not achieve mastery of their first language through highly programmed language exercises, but through informal processes of social interchange in which the desire to understand and to communicate, the pleasure of exchange of ideas, imitation, and verbal play, as well as correction and self-correction all play a part.

Processes involved in learning a second language are not well understood, and it is generally agreed that there is an urgent need for research in this field. We need to know more about basic processes in second language acquisition, and also about the implications for teaching that follow from the structure of particular languages.[2]

It must also be noted that the child's command of oral language, both receptive and expressive, is a determining factor in learning to read. If the child has a minimal vocabulary in English and still thinks in the first language, laboriously translating into English, oral speech will be slow and unsure. Expecting children with fragmentary understanding of English to learn to read in English compounds the difficulties of matching auditory to visual stimuli and learning a new symbol system. Learning to read is an enormously complicated and imperfectly understood process.[3] But even the first levels of proficiency--the development of decoding skills--presupposes automatic processing of oral language.

It is generally accepted that the progression from teaching in the known, first language, and consolidating concepts in that language before moving into the second language facilitates learning and competence in both languages, and in the areas of the conventional school curriculum. Much more needs to be known about appropriate teaching strategies and about their timing and sequence. The importance of achieving mastery of English cannot be overestimated. English, as has been said so many times, is the language of the school and of the mainstream culture. Just as knowledge of and facility in the Native language help children to identify with their tribe and their heritage, so facility in English builds connections with the larger culture and is a bridge to the future.

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[1] Susan M. Ervin-Tripp, Language acquisition and communicative choice. Stanford, Calif.: Stanford University Press, 1973, p. 93.

[2] See Second planning conference for a bilingual kindergarten program for Navajo children: conclusions and recommendations. Center for Applied Linguistics for the Bureau of Indian Affairs, June 1969.

[3] See, for example, H. Levin & J. P. Williams (Eds.), Basic Studies on Reading, New York: Basic Books, 1970.

Comments on Observations in Selected Schools

Before 1970 there would have been few bilingual programs to observe in Eskimo and Indian communities. Now there are more than 35 programs, some new and some that have been going for several years, some in only certain grades in a single school, some in many schools in an area. We were able to observe a number of these programs, for instance, those at Miccosukee, Papago, the Akiachak Parent-Child Center, the Bethel Primary Eskimo Program, and several programs on the Navajo reservation--Rough Rock, Sanostee, and Borrego Pass.

There are many schools either with no bilingual program at all or with a "Native language teacher" who has classes once a week teaching the Native language to children who are primarily English-speaking. Generally, in kindergarten and primary grades the aides, who are from the community and speak the Native language, act as translators and teachers for those children who do not understand English. Some teachers have noted that this practice, although essential and better than ignoring the problem entirely, is a far from adequate solution; many of the aides have imperfect command of English themselves. (In some cases, for example, in the Pueblos, the aides may speak the Native language and Spanish more fluently than English.) Furthermore, this system makes the children who are in the most need of help--those with least facility in English--dependent on the aide, who has less training and experience in teaching than the main teacher. At best, the teacher and the aide have different areas of competence. How they work together is left entirely to the personal characteristics of the two individuals.

In a few instances Native teachers are teaching young children (kindergarten or first grade) and apparently have been encouraged to sprinkle English words into their Native language, and Native words into their English language presentations to the children. This compound bilingualism, a phenomenon often observed, does not promote clarification and development of either language. True bilingualism--coordinate bilingualism--means that two languages are kept distinct; the individual is able to shift back and forth in appropriate situations, but the languages are not haphazardly intermingled.

There are a number of areas where the majority of children come to school speaking the Native language only and there are no area-wide or school supported bilingual programs. Or in some instances, bilingual personnel have been budgeted for but not yet hired. In such cases individual teachers may develop programs for their classes on their own initiative. For example, on the Papago reservation, we observed one second grade classroom in a Bureau school where the teacher, Helen Ramon, herself a Papago Indian (and a recent COP graduate), was using a newly devised Papago orthography. Ms. Ramon had developed her own curriculum: she had made language, number, and weather cards; the children wrote stories in Papago; she translated stories and newspaper items into Papago. Her program is more than a language program--Ms. Ramon teaches Papago history and culture and was using Papago in all curriculum areas except math. She does use some English in the classroom and plans, by the end of the year, to be teaching in English exclusively. But this is an isolated class in the Kerwo day school. Other Bureau schools on the reservation are not using the new means for writing in the Papago language, although public schools at Sells and Topowa are beginning programs of teaching the Papago language, and other Papago communities are discussing having such classes for children and teachers.

One program we observed in Alaska has been in operation for several years in a number of schools, and has been evaluated as a successful program which is still undergoing revision of its premises and implementation. The program, which begins in the first grade, has developed books and materials in Yupik, and uses Native teachers to teach in Yupik, and English-speaking teachers who teach English as a second language. In the first and second grades the teaching is primarily in Yupik, with an hour of English; in the third grade there are two hours of English, and by the fourth grade, the shift is made to teaching primarily in English, with an hour of Yupik. The curriculum coordinator makes relatively frequent visits to monitor problems, suggest teaching techniques, and provide on-site training. A rather elaborate curriculum guide is being developed for all curriculum areas.

Although a number of the techniques observed are interesting and provocative, designed to catch the children's interest and facilitate learning and involvement, there is a fundamental flaw in the design: the program ignores the kindergarten year, and here the classroom language is often English. In villages with kindergartens, a bilingual program that is bypassed in kindergarten makes no sense. In some villages there are preschool programs where both Yupik and English are spoken. Thus, the children learn some English, then they go to kindergarten which may be taught exclusively in English (although there is a Yupik-speaking aide). Then they go to first grade where the curriculum is almost entirely in Yupik. In addition to creating confusion for the children, this kind of situation can have devastating effects on the teacher's morale. Teachers need to think that what they are teaching the children in their class will be useful both for present learning and for the future. A teacher is likely to feel that her work has been undone, or was in vain, if in the following year the children have no opportunity to use the skills she has taught. Obviously, in developing bilingual programs, as in all aspects of the educational system, there is a great need for coordinating efforts, programs, and policies.

At Miccosukee, in a small country school contracted to the tribe, a thorough-going bilingual program has been developed (by non-Indians) with the full support of the Tribal Chairman. Stories and curricular materials have been translated into Miccosukee, and children learn to read and write in their language, shifting to English in the upper grades.

There are several schools with bilingual programs on the Navajo reservation. The most fully developed program observed by the study team is that at Rough Rock School. Rough Rock has been a contract school for a number of years and has had the opportunity to try different ideas, to make mistakes and correct them, to enlist community support and to achieve community participation. The bilingual program is carefully sequenced--children start at three or four in Navajo, with Navajo teachers. Navajo is the primary language of instruction in kindergarten and first and second grade. Children thus first learn to read Navajo. They learn English as a second language, beginning in the first grade, with increasing time given to English. Third grade is transitional, and by the end of the year the children are expected to be ready to make the shift to English. In the upper elementary grades, the school employs white teachers, and English is the language of the classroom. As a community school, Rough Rock uses parents and community people as aides and classroom helpers. The bilingual and bicultural program epitomizes the intimate connectedness of school and community.

There are many possible approaches to the basic problem. Many people feel that the ESL techniques, that is, the formal programs for teaching English as a second language, are too structured, didactic and artificial. The teachers at the Borrego Pass School, for example, consider the ESL programs restrictive and unnatural. They focus on using English in contexts that children will find enjoyable--playing games, singing, informal conversation; they count on the power of personal contact and modeling of English speech, an informal social interchange. Such an approach encourages spontaneity and stresses communication skills over technical skills.

In theory, one approach to teaching English as a second language is through immersion in English in a benign, accepting and nonpunitive environment in which children's needs are given first place, and curriculum is subordinate to communication. This remains a hypothetical possibility, since such a program was not observed.

One final comment should be made about the need and desire to preserve the Native languages: the entire burden cannot be placed in the primary and elementary schools. As the transition is made to English in the upper elementary grades, and as children develop increasing facility in English, English will become the language for processing the more advanced school curriculum. There must also be courses at the junior high and high school levels in which cultural history and traditions are taught in the Native language. The language that a five- or six-year-old brings to school, and that nine-year-olds use in their out-of-school play tends to use simple constructions and a serviceable but not extensive vocabulary. Unless the Native languages are also used for expressing complex ideas at a more mature conceptual level, development of the languages will be truncated.

It is important to remember that bilingual programs do more than teach two languages; they have symbolic significance. Derogating a person's language derogates the person; honoring a child's language honors the child as a person and as a member of a particular cultural group.

It is often assumed that language differences are the crux of the educational difficulties experienced by Indian and Eskimo children in school. There can be no doubt that the language is of prime importance, especially in those communities where English is the language of the classroom, and children come to school with limited facility in English. But it is necessary to remember that even under these circumstances, language is only one of a complex of factors that determine the school situation. The teachers' knowledge of and appreciation of the patterns and style of life of the community, awareness of the ways in which conventional teacher-student relations do and do not fit in with children's previous experience in the community, teachers' attitudes toward and expectations of the children--all play a part in the quality of classroom interactions.[1] That is to say, it is not only curriculum as written in guides and lesson plans, but the way in which it is implemented, the attitudes conveyed and the interpersonal situation that is created that will determine the children's learning of English, as well as of the other content that school is designed to teach.

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[1] See R. V. Dumont, Jr., Learning English and how to be silent: studies in Sioux and Cherokee classrooms. In C. B. Cazden, F. P. John, & D. Hymes (Eds.), Functions of language in the classroom. New York: Teachers College Press, 1972.

X. RECOMMENDATIONS

In making our program recommendations for Native American children from birth through age eight and their families, it is important to acknowledge that each community has particular characteristics that distinguish it from other, even nearby communities in the same tribal group. At the same time, there are common features which cut across all Native American groups. The Native American population has a unique relationship with the Federal government: as citizens, they are entitled to all the benefits and services due to other American citizens; they are also entitled to special benefits and services as a consequence of treaty obligations and specific legislation. (This is referred to as "dual entitlement.") They share a troubled history of struggle for these rights. In spite of the heterogeneity of geographic and climatic conditions, of language and particular history, Indians and Alaskan Natives share minority group status in the United States, and an economic position that is the lowest in the country. Native Americans have a common concern to preserve their cultural traditions and languages, and share common themes concerning the relation of people to the environment. Finally, while determined to nurture and take pride in their Native American identity, they are equally determined that being Indian and Alaskan shall not make them second-class citizens as far as the dominant culture is concerned. These common bonds, values, and needs mean that the data of this needs assessment and the recommendations based on it are applicable beyond the reservations and villages visited, and the program recommendations apply to all Native Americans who are under the jurisdiction of the Federal government.

These program recommendations also take into account already existing programs. These include Parent Child Centers, Parent Child Development Programs, Day Care, Head Start, Bureau day and boarding schools, public and state operated schools, and mission and private schools. The recommendations in this section will incorporate the experience and expertise of these programs and the formal and informal networks of services already available to children. Most existing programs, as well as those which may be developed, have a common goal: the full development of children and their families in a manner congruent with the values of their culture and community.

Integral to the recommendations are three crucial principles: comprehensiveness, continuity, and tribal control.

> Comprehensiveness refers, first, to a broad definition of education as a process to promote overall growth--intellectual, physical, and social--and not merely as a means for training children in literacy and vocational skills. Second, comprehensiveness means extending this broad definition of education to one in which the educational program is seen as a vehicle and medium for parent and family education, for the delivery of health, nutrition, psychological, and social services, and programs for handicapped and gifted children. While this idea is not new, its implementation on a national scale began only recently with the institution of Head Start in 1964. Since then it has gained increasing momentum and can be found in many programs (for example, Developmental Continuity, Early Education Programs of California State Department of Education, Follow Through). Such comprehensive services, delivered by or through educational programs, respond to the many interrelated needs of Indian, Alaskan and other communities in poverty.
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> Continuity refers to the importance for the child of having a coherent, appropriately sequenced series of experiences, in smooth progression, as he or she moves through the first decade of life. Continuity needs to be achieved within programs (for example, for young children), and across programs (for example, from preschool into the primary years). The educational experiences are broadly conceived and sequenced according to developmental stage, taking account of individual pace and style. An underlying goal is to make the school a secure place where life is predictable and where natural curiosity and optimism are given free play. Continuity makes it necessary that the adults concerned with this child--directly or indirectly--must together plan the sequence, map the short- and long-term goals and must continuously examine both the child's progress and their own.
>
> Tribal control means that the Indian and Alaskan people can plan and administer the educational programs that will serve their own children. The United States Congress has found that "parental and community control of the educational process is of crucial importance to the Indian people" and "recognizes the obligation of the United States to respond to the strong expression of the Indian

> people for self-determination by assuring maximum Indian participation in the direction of educational as well as other federal services to Indian communities so as to render such services to be more responsive to the needs and desires of those communities."[1] Four years before Public Law 93-638 was written, Ned Hatathli, President of Navajo Community College, had put the case for Indian control of education more strongly: "The principle of Indian control must be inviolate and I am not at all satisfied with the use of such words as 'participation' or 'consultation' in these bills. Nothing is more germane to the present climate of Indian affairs than is Indian control. Even the use of the word 'involvement' no longer adequately reflects the determination and the necessity for Indian people to direct and control Indian education."[2] Lou Jacquot, representing the Alaska Federation of Natives Higher Education Committee, said in 1971: "...often the question comes up, are the American Indians or Alaskan Natives ready for local control, and I really personally believe the American Indians were ready for local control of their destinies in 1492, and the Alaskan Natives were ready for local control of their destinies in 1741, when the Russians came."[3]
>
> Tribal control is fundamental to the success of the programs and policies recommended in the following pages.

The recommendations are presented in four sections. The first is concerned with children and their families from birth through age five; the second with primary school children in kindergarten or first grade through the third grade; the third section contains recommendations concerning the supportive services for all programs for children from birth through age eight; and the fourth section makes recommendations concerning training. Finally, a cost-out is presented, calculated over a period of ten successive years.

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[1] Public Law 93-638, Indian Self-Determination and Education Assistance Act, 93rd Congress, S. 1017, January 4, 1975, Sec. 2(b) (3) and Sec. 3(a).

[2] Indian Education Act of 1971, Hearings Before the General Subcommittee on Education of the Committee on Education and Labor, House of Prepresentatives, 92nd Congress, Washington, D.C.: U.S. Government Printing Office, 1972, p. 61.

[3] Ibid., p. 432.

A. CHILDREN FROM BIRTH THROUGH AGE FOUR OR FIVE AND THEIR FAMILIES: THE PARENT CHILD DEVELOPMENT PROGRAM

The model for our proposed design for early childhood education, with the three above principles as a base, is the Parent Child Development Program (PCDP) concept created by the Bureau of Indian Affairs and currently in operation on the Acoma and Choctaw reservations.[1] The PCDP contains several components which, on the basis of needs expressed in many communities (as well as assessment of the two programs), appear well suited to Native American communities. As presently designed, the PCDP offers parents a set of options in the education and care of their children from the earliest weeks. Its components are Center-Based group care, Home-Based care, and Family Day Care. These components are briefly described below.[2]

> Center-Based Programs. This component offers center-based group care. Normally, such a program serves children aged three or four but can also serve younger children, as well as five-year-olds in communities without kindergartens. Educational programs at a center are typically scheduled for a morning or afternoon session, or they may last the entire day. If they also serve as day care centers, then they begin earlier, in order to accommodate working parents, and remain open longer in the afternoon until the parents return from work.
>
> Like the other components, the Center-Based program offers an educational curriculum to facilitate and support cognitive, social, emotional, and physical development. It is based on knowledge and understanding of child development. Children's active participation is encouraged in activities which promote skills and elicit discovery, exploration, and experimentation. The support system for the center program consists of a staff of teachers, aides in training, as well as workshops, conferences, training sessions, staff meetings, and the direct supervision of the PCDP Director.

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[1] See A guide for the development of Bureau of Indian Affairs and Tribal and Parent Child Development Programs (PCDP), January 1973 (mimeo).

[2] Although the descriptions are here attached to the PCDP concept, they also apply to many other early childhood programs currently operating in villages and on reservations.

The Center, ideally, contains the offices of the PCDP Director and supportive staff, as well as the resource materials for Home-Based and Family Day Care components. The Center thus becomes the physical and psychological nucleus of the PCDP as a whole, containing a program of its own and reaching out into the community through its satellite Home-Based and Family Day Care components.

Home-Based Programs. For the mother who is at home with her child(ren) and is unwilling or unable to bring them to a center, it is possible to bring an educational program into the home. The emphasis here is to enlarge and extend a mother's natural repertoire of activities with her child(ren) and to help her to become more aware of and make use of those natural and created learning situations which will facilitate the child's development.

This component is supported through a network of home visitors who visit the home regularly to work with parent and children, bring materials and books, and engage in specially designed activities. Often, the materials and books they bring are left in the homes to provide stimulation and entertainment. Additionally, parents with a Home-Based program may come together in each other's homes or at the Center for information, discussion or workshop groups.

Family Day Care Program. This component provides care of the child(ren) in a home setting which may or may not include the Family Day Care mother's own child or children. Usually employed as a vehicle for day care, this option serves the needs of parents who prefer a home setting to a Center-Based program for their children. Family Day Care homes should use Federal guidelines adapted to local realities. In addition to appropriate care, this component includes learning opportunities through the use of materials and activities.

The support system for this component comes from home visitors who regularly visit the home to assess the quality of child care and to provide the Family Day Care mothers with suggestions and materials for stimulation. Further supporting the Family Day Care mothers, and essential to the success of such a program, are regularly scheduled training sessions, workshops on such topics as developmental needs, materials, nutrition, etc.

Additional PCDP Staff and Organization. In addition to the staff functions already mentioned, the PCDP has a Director who is responsible for the PCDP as a whole; an Outreach Coordinator with responsibilities in the Home-Based and Family Day Care components; a Health Coordinator responsible for health and nutrition coordination and referrals; and a Social Service Coordinator with similar responsibilities in social services. The program as a whole is under the direction of a PCDP Board and, by stipulation, is contracted to the tribe by the Bureau of Indian Affairs.

The PCDP concept has several special advantages. First, it offers three components which, together, extend education downwards to birth and serve children from birth until they enter school. Second, the program is aimed at children and their families, taking into account that the period from birth through age four or five comprises very different developmental stages, capacities and needs for both children and their parents. Third, the fact that all three components in the program are under one central administration makes it possible to provide appropriately different programs for each developmental stage represented, and to ensure continuity among them. Fourth, the PCDP is highly adaptable. Adult-child ratio and space and safety requirements are governed by Federal Interagency Guidelines[1] adapted to local realities. The PCDP can shrink or enlarge according to the size of the child population in a given community in a given period. For example, one or several groups of toddlers and preschool children can be served in one center, and there can be a handful or dozens of Home-Based and Family Day Care units.

Fifth, the PCDP concept recognizes that an educational program for all children in the early years should be comprehensive.[2] This means that health, nutrition, social and psychological services are included; and that special attention and programming are given to gifted children and to children with handicaps of any kind.[3] Any design must include mechanisms for delivering these services as well as for coordinating them with other services such as mental health, housing, employment, alcoholism programs (see Section C below). Furthermore, it must also include mechanisms for promoting the personal and professional development of all adults, both staff and parents, and the participation of parents as an essential aspect of the total program.

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[1] Federal Interagency Day Care Requirements, 1968. Approved by the U.S. Department of Health, Education, and Welfare and the U.S. Department of Labor.

[2] See Department of Interior Support Paper 73-60-E, Early Childhood Education, 1971.

[3] These services are, of course, also built into programs like Head Start and others; and the need for them was further supported by this needs assessment.

Since the education of young children should be connected to their own experience, it is important that primary consideration be given to the culture and language of the children being educated. This means that all staff understand the culture and style of life of the children and families with whom they are working, that cultural values are incorporated into every aspect of the program, and that the activities which grow out of a bilingual and bicultural program are relevant, connected, and meaningful. While choice of type of program should depend on local conditions and preferences, we suggest that programs in the home (that is, Home-Based and Family Day Care components) may be preferred for infants and young toddlers, while Center-Based programs may be preferred for children aged two-and-one-half through the fourth or fifth year.

Further, programs that are offered in the early years should contain a variety of options as to how the three components are implemented within the PCDP structure. This will enable individual communities or tribes to select program components in ways which fit their particular needs and will give official recognition and acknowledgment to differences in development, parental preference, and community and cultural needs. It is important that the flexibility, as well as the requirements, of the PCDP concept are made clear. In this respect steps must be taken to ensure that local community and tribal groups are made aware that new programs are being made available, and of the range of options open to them. This cannot be done by circulating memoranda, but requires face-to-face contact with local groups so that questions can be asked and answered. It is extremely important that consultation and technical assistance be given where needed.

Thus the PCDPs will vary according to the number of components adopted and the size and age of the child population served. These variations will, in part, depend on the presence of other early childhood programs such as Head Start. The underlying goal is always to provide an educational continuum from birth through the time the child enters school.

Recommendation 1. THAT THE PARENT CHILD DEVELOPMENT PROGRAM WITH HOME-BASED PROGRAMS, FAMILY DAY CARE PROGRAMS, AND CENTER-BASED PROGRAMS BE AVAILABLE FOR CHILDREN FROM BIRTH UP TO OR THROUGH AGE FIVE.

To establish a PCDP, a planning period not to exceed one year will be required. The planning period will serve several purposes: parents and community members must be able to gain a thorough understanding of the importance of early childhood education, to have opportunities to ask questions and discuss goals, to be clear about the comprehensive nature of programs, that is, the inclusion and coordination of health, psychological, and social services, and special education components as an integral part of the overall design. Technical assistance and consultation will often be essential to accomplish these tasks. During this planning period, communities will also undertake a needs assessment to determine which components of the PCDP design would most appropriately serve the children and families of that community. For example, it may be determined that, in a particular community, the need is for Family Day Care for infants and toddlers, and for a Center-Based program for two-and-one-half through four-year-olds which would work cooperatively with an existing Head Start program.

In addition to information-giving, determining needs, selecting PCDP components, and agreeing on overall and coordinated program goals, the planning period would be used to recruit and train staff who would then move into a required, scheduled program of ongoing inservice training. The planning period would also be used to ascertain the site(s) most suitable for PCDP facilities, and the kind of facilities to be used or built.

Recommendation 2. THAT A PLANNING PERIOD BE A NECESSARY PREREQUISITE TO THE CREATION OF A PCDP. THIS PLANNING PERIOD SHOULD NOT EXCEED ONE YEAR.

In our experience, the concept of contracting is faced by some groups with mixed feelings. The ambivalence which exists may be seen as growing directly out of a historically complex relationship between Native Americans and the Federal government. Contracting is a relatively recent development in this relationship. Because of the complexities, ambivalence, and the political ramifications which surround this issue, we believe that this is a topic that must be discussed with Tribal and Native Organizations so as to make clear that contracting is not a prelude to termination of services. During the planning period, community groups will take the opportunity to gather information about the experiences of communities which have contracted educational programs (for example, Choctaw, Acoma, Borrego Pass, Rough Rock).

Recommendation 3. THAT TRIBAL GROUPS, INDIAN ORGANIZATIONS, OR ALASKAN NATIVE ASSOCIATIONS OR CORPORATIONS WISHING TO INSTITUTE PARENT CHILD DEVELOPMENT PROGRAMS DO SO UNDER CONTRACT WITH THE BUREAU OF INDIAN AFFAIRS AND/OR OTHER FEDERAL AGENCIES.

The foregoing recommendations represent an extension of the Federal government's commitment to the education and care of Native American peoples. In fulfillment of treaty obligations, the United States government, through the Bureau of Indian Affairs, has already created a network of day and boarding schools for the education of these children.

Recommendation 4. THAT THE UNITED STATES GOVERNMENT FORMALLY EXTEND ITS SERVICE OBLIGATION TO THE NATIVE AMERICAN PEOPLES TO INCLUDE, AS PART OF THE PERMANENT EDUCATIONAL SYSTEM, THE EDUCATION AND CARE OF ALL CHILDREN, FROM BIRTH ON, FOR WHOM THE FEDERAL GOVERNMENT HAS TRUST RESPONSIBILITIES.

B. CHILDREN AGED FIVE THROUGH EIGHT AND THEIR FAMILIES

Kindergartens

In recognition of the importance of early childhood education, the Bureau began a kindergarten program in FY 1969. As of 1976, approximately two-thirds of the Bureau day and boarding schools have such programs. To provide continuity of educational programs, a kindergarten is highly desirable. Therefore, providing kindergartens where none exist is urgently necessary. Since kindergarten is a program for five-year-old children, it could be part of the PCDP or part of the elementary school. In communities where a PCDP might be started before a kindergarten program has been added to the Bureau day school, or in communities where there is a public elementary school with no kindergarten, it may be advisable to attach the kindergarten program to the new PCDP. There may also be areas where the Bureau day school is many miles from a small community; in such cases a community PCDP that serves children through the age of five would be preferable to busing the five-year-olds long distances to the day school. Therefore, there should be options as to the best location and auspices for kindergarten programs.

Recommendation 5. THAT HIGH PRIORITY BE GIVEN TO DEVELOPING KINDERGARTEN PROGRAMS IN COMMUNITIES WHICH DO NOT HAVE THEM, AND THAT COMMUNITIES SHOULD HAVE THE OPTION OF ATTACHING A KINDERGARTEN PROGRAM TO AN EXISTING BIA DAY SCHOOL OR TO THE NEWLY-CREATED PARENT CHILD DEVELOPMENT PROGRAM.

The Primary Program

Recommendations for programs for children aged five through eight face a different situation from that involved in creating a PCDP. These children are already enrolled in primary programs in schools which have been in operation for many decades and are part of an extensive bureaucratic system with a complex machinery that covers all aspects of functioning, from procedures for hiring and firing to the purchase of light bulbs. Our observations of existing classrooms indicate that the educational program for kindergarten and the first three grades requires a radical reformulation rather than an elaboration and broadening of existing programs.

The educational program for children in the primary years--kindergarten through the first three grades--should be governed by the following principles:

> Programs must be based on an understanding of the principles of children's development. The quality of relationships, as well as the curricula, must be suited to the developmental stages of the children. A corollary principle is that there are cultural and individual differences in both styles of learning and rates of development, and these must be taken into account in devising curricula. (At present, teachers almost invariably tend to use a single set of readers and a primarily verbal form of explanation.)
>
> The style and content of learning should be relevant to the cultural milieu of the children. It is important for young children to learn about and develop an understanding of the world around them; such knowledge and understanding can then form the basis for extension to facts and concepts that are more distant in time and space. (At present, there is little evidence of culturally relevant materials or curriculum in most of the schools.)
>
> The child learns best through active engagement with objects, people and ideas. Although it is possible, of course, to learn by rote and through vicarious and abstract experience, for children of the primary years the bulk of the curriculum should provide opportunities for active participatory learning. Such learning must also be made explicit, and translated into concepts and ideas. (The present system for primary grades seems to be based almost completely on vicarious and rote learning.)
>
> Language is both a means of communication and a tool for thought. Language development requires the opportunity to communicate verbally with peers and adults about a wide range of topics. Especially in instances where the language of the school and the home or community are different, children need many opportunities in different contexts for verbal interchange in school. School programs must give opportunities for spontaneous and sustained interchange and discussion which encourage the participation of the quiet and shy as well as of the articulate and assertive. (At present, much of the verbal interchange follows a question-answer format in which teachers ask and children respond, usu-

ally in single words and short phrases. Few opportunities to explore ideas, discuss concepts or report personal experience were observed.)

Skill subjects--learning to read, work with numbers--must be seen as tools for further learning, for more effective functioning in the everyday world and for a more powerful understanding of facts and ideas. They are not ends in themselves. Therefore, the learning of skills should be embedded in contexts which demonstrate their functional usefulness. This, again, calls for more concrete materials in the classroom, and for building connections between skill-learning and other parts of the curriculum. (At present, skill-learning is repetitive, based primarily on worksheets and almost completely divorced from meaingful context.)

Children learn from adults, from materials, and from other children. Peers and other children are a major source of information, and provide models for younger children in out-of-school life. Opportunities for children to work in groups with children of their own age, and for older children to work with younger children provides challenges for both the older and the younger, and creates links between out-of-school and in-school life. Furthermore, such learning takes place in a naturally-occurring relationship. (At present, much of the child's time is spent working alone with worksheets, with the teacher or aide checking on progress, or the teacher works with the whole group. Small-group work is taken to mean merely that several children do the same thing at the same time; there is little interaction among the children, and very few cooperative projects were observed.)

School can play a significant role in children's lives, but it is still only one part of life. Children's interest in and commitment to school and learning are strengthened when connections are built between school and home. Cooperation and communication between home and school means that the school must be open to parents, a place where parents feel comfortable and welcome, where they feel that they can learn, where they feel they have something to contribute, a place where their questions will be answered, their concerns shared, and where they are treated with respect. (At present, there are many barriers between home and school; to most parents the school is alien and unresponsive, to most school people the parents are uninvolved. Parents hesitate to come to school, and school staff bemoan the lack of parent participation in school affairs, and what they see as a lack of concern for children's education. There is little communication or interaction between home and school.)

The school should become a living part of the community. As is the case in some communities, it should serve as a resource for the community, and be able to use the community as a re-

> source. The school must be more than an institution for the education of children, it must become a functional center for the community of which it is a part. The services and facilities of the school should be open to the community as a whole. (At present the school is often isolated from the community, an isolation usually symbolized by the fence around the school property.)

Finally, the school's educational program and staff must be integrated with a network of supportive services, as detailed in Section C below.

Recommendation 6. THAT THE BUREAU OF INDIAN AFFAIRS MAKE A COMMITMENT TO A RADICAL AND CONTINUING REFORMULATION OF EDUCATIONAL POLICY AND PRACTICE, THAT THE BUREAU ENGAGE IN A SELF-EVALUATIVE AND RE-EDUCATIVE PROCESS WITH THE GOAL OF CREATING A DEVELOPMENTALLY SOUND, CULTURALLY RELEVANT AND ADAPTIVE EDUCATIONAL PROGRAM FOR THE INDIAN AND ALASKAN NATIVE CHILDREN IT SERVES, AND THAT THE PROGRAM BE BASED ON THE PRINCIPLES PRESENTED ABOVE.

It is well known that innovations in school systems come and go, often leaving little indication of the effort and money expended. Bureaucratic systems tend to bend change to fit their mold. Thus, a concerted effort is required which is systemwide, from the very top of the administrative structure to the teachers and aides in the classrooms--a long-term commitment to a new and vital model of early childhood education.

The spirit of this recommendation will not be served by a superficial examination of current practices, nor by the purchase of materials, nor by the creation of new administrative positions. Rather it requires a shift in priorities so that early childhood education is given a significant place in the Bureau's educational system, and new strategies are created for change and for developing a roster of skills which at present few Bureau personnel possess. The following recommendation is based on an acknowledgment of the difficulty of the task.

Recommendation 7. THAT THE BUREAU OF INDIAN AFFAIRS IMMEDIATELY BEGIN A PLANNING YEAR IN ORDER TO REFORMULATE ITS EDUCATIONAL POLICIES AND PROGRAMS AS RECOMMENDED ABOVE (#6); THAT A DETAILED PLAN BE DEVELOPED TO MEET THE OBJECTIVES OUTLINED BELOW. SINCE THE SCOPE OF CHANGE REQUIRED IS BOTH BROAD AND INTENSIVE, THE PLAN SHOULD OUTLINE MEANS FOR REACHING THE OBJECTIVES TO BEGIN IN ALL SCHOOLS WITHIN FIVE YEARS.

The objectives of the planning year are:

1) To set up within the Bureau a central office organization concerned with programs and policies in early childhood education. This BIA Early Childhood Education Center must be composed of individuals who are knowledgeable, well qualified, and experienced in early childhood education, and in the linguistic and cultural backgrounds of the Indian and Eskimo people.

2) To devise a strategy for change by a series of steps that will lead to the realignment of priorities and basic shifts in organization that are required to put the new program into operation, not merely on paper in new guidelines, but in the classroom and the school.

3) To examine and overhaul present practices of staff recruitment, at all staff levels, in order to institute a system of recruitment that is more flexible and adapted to the needs of particular communities and child groups.

4) To initiate programs of staff development that make on-the-job learning a reality and create a milieu in which staff work together, sharing ideas and practices toward a common goal of developing a first-rate educational program (see Section D below).

5) To decrease the number of links in the chain of command so as to simplify administrative procedures, reduce delays and facilitate making decisions

necessary for the school's functioning.

6) To develop skills in working with parent and community groups so that genuine interchange, cooperative teaching, and learning can occur.

7) To work with supervisory personnel in the schools and at Agency and Area offices so that they are conversant with and support the goals and principles of early childhood education, can work with early childhood educational staff, and can promote a continuous enriching educational experience for the children and staff in the school.

8) That, although the target population discussed in this document concerns children through age eight, care be taken to incorporate personnel and curriculum for the upper elementary grades in the review and reformulation process wherever possible so as to minimize the discontinuity for children aged nine and above, and for the adults who work with them.

9) To integrate and coordinate the above changes and enlarge the concept of the school's function and responsibilities to create a school that is open to the community and serves as a community facility; that offers full (and supervised) use of its facilities and services on an all-day year-round basis. Thus, for example, the school playground(s) will become a recreational facility for the community, for use after the school day, with supervision to ensure safety. Other school facilities can be used after the regular school day for crafts, tutoring, music, dance, etc. The school library and other equipment can be used by community members. The school auditorium and lunchroom or cafeteria can be used for community meetings, recreational programs and educational programs.

A fundamental premise is that the school is a psychosocial environment; it is not only what happens inside the classroom that influences children, it is not only specific curricula that determine what children learn in school. Rather, the school creates a milieu in which values and attitudes about people, about the importance of knowledge, and expectations for the future are communicated.

The quality of relations among the adults in the school--administrators, teachers, aides, custodians--is reflected in the quality of relations between adults and children, and among children. The quality of relations between school personnel and parents and members of the community reflects the value the school places on the culture and integrity of the community of which it is a part.

Often it is not only what is done but how it is done that is significant. For instance, in some communities sharing of facilities may create problems. Where the school has the only dependable, available water supply, it is natural for community people to resent the fact that they have no facilities for showers and have to travel many miles to a laundromat. On the other hand, the water supply may not be adequate to meet the needs of the school and the community. If these issues are openly discussed, and school and community join forces, they will be able to reach a solution. Lack of communication and failure to try to negotiate differences can only aggravate tension and maintain barriers.

The means of achieving these objectives require the combined and cooperative efforts of a number of people with a broad range of skills and knowledge. As has been indicated, the revitalization and reformulation of the Bureau educational program for the primary years requires systemwide restructuring. Mechanisms for this must be provided at the highest administrative level, at the Area and Agency level and in the local community.

Recommendation 8. THAT AN OFFICE OF EARLY CHILDHOOD EDUCATION BE ESTABLISHED WITHIN THE BUREAU OF INDIAN AFFAIRS, STAFFED BY PERSONS WITH QUALIFICATIONS AND EXPERIENCE IN THAT FIELD, IN ORDER TO PLAN AND IMPLEMENT DEVELOPMENTALLY SOUND AND CULTURALLY RELEVANT PROGRAMS FO CHILDREN THROUGH AGE EIGHT AND THEIR FAMILIES.

A core group of staff must be hired to constitute this Bureau Early Education Center. This core group will work with consultants inside and outside the Bureau, including knowledgeable Indian and Eskimo people representing different tribal groups and geographic regions where the Bureau has primary school programs.

The areas of professional knowledge to be brought together include:

curriculum: math, reading and language development, local language and culture, social studies, and science

curriculum adaptations for gifted children, and for children with handicaps

psychological processes and development at different stages, including infancy; emotional needs and problems

health, nutrition, physical development of children

leadership development and staff relations, and school-parent-community relations

parent education

In order to develop a feasible plan for restructuring the educational programs for children in kindergarten through grade three, the core group can learn from the experiences of other educational systems. The State of California, for instance, has recently instituted a new and comprehensive program for the education of children from four through eight.[1]

The Early Education Center is the Bureau organization charged with planning, providing the means for implementing, and monitoring the new primary programs.

It is essential to encourage and safeguard the principles of comprehensiveness, educational continuity, and tribal control at a local level, and to provide mechanisms for collaboration and cooperation among all the services provided for children through age eight and their families. A local community group should be established which will work in cooperation with the central EEC.

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[1] See Early childhood education: recommendations for program implementation, Sacramento California State Department of Education, 1974; Early childhood education: Report of the Task Force on Early Childhood Education, Sacramento, California State Department of Education, 1972.

Recommendation 9. TO ESTABLISH, DEVELOP, COORDINATE, AND MAINTAIN THE QUALITY OF THE PROGRAMS AND PRINCIPLES FOR CHILDREN FROM BIRTH THROUGH AGE EIGHT AND THEIR FAMILIES RECOMMENDED ABOVE, AN EARLY CHILDHOOD BOARD SHALL BE ESTABLISHED IN EACH COMMUNITY.

The members of this Early Childhood Board would consist of representatives, with decision-making power, from the following, where these exist:

All early childhood programs in operation, e.g., PCDP, Head Start
BIA, public, and private schools
Parents of children enrolled in programs
Tribal Education Committee
Programs for handicapped
Health Service (IHS, State)
Social Services
Special Projects (e.g., child abuse)
Tribal Government and Judiciary
Community at large

Inclusion of the many programs which serve children and their families in the community should facilitate and strengthen the coordination of services and staff training. The size of the Early Childhood Board will depend on the presence of existing programs and services. The Board would be authorized, on the basis of a formal statement of commitment by the Tribe or Native Corporation, to be responsible for the overall planning and coordination of educational programs, and to ensure that the comprehensive early childhood education program will be integrated into the total, long-term educational planning of the Tribe or Corporation.

In each Bureau school there will be at least one person who will be respsonsible for collaborating with the Bureau Early Childhood Center staff and the local Early Childhood Board in promoting the objectives outlined above. This person will also participate in training programs at the appropriate Regional Training and Resource Facility (see Section D below).

The development and maintenance of the new primary program will require cooperation at national, Area, Agency, and community levels. The Bureau Early Childhood Center will work in collaboration with Area and Agency personnel and with the Primary School staff and the local Early Childhood Board.

The fact that the school boards of the Bureau schools have only advisory powers has been a thorny issue in many communities visited. One of the benefits of local control cited by Dillon Platero is that "...local people awaken to a sense of dignity and involvement that has all too often been alien to them in matters dealing with the schools their children attend....When local control comes into being, a school finds mere existence to be intolerable: a dynamic spirit pervades the atmosphere and we find things getting done in ways quite unthought of previously."[1]

The important point that Mr. Platero is making here is that until parents have the power to make decisions about their children's education they are not really involved in their children's education. By having policy-making powers, they acquire both the rights and responsibilities of educational decision-making and set into motion a dynamic force for bringing about change. Thus, in order to support and implement the principle of tribal control, the following recommendation is made.

Recommendation 10. THAT THE BUREAU OF INDIAN AFFAIRS TAKE WHATEVER ACTION IS NECESSARY TO ENCOURAGE AND DEVELOP A DECISION-MAKING PROCESS FOR SCHOOL BOARDS OF BUREAU SCHOOLS.

Finally, it is necessary to recognize that the majority of Indian and Eskimo children attend public rather than Federal schools. Further, the public school system itself represents many different priorities and programs which vary from state to state. Per capita expenditures are very different from state to state, as are Johnson-O'Malley funds, and what they are spent for. For example, in 1971 the JOM per pupil allotments ranged from $71 in Nevada to $1168 in Alaska.[1]

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[1] Dillon Platero, then Director of the Rough Rock Demonstration School, Chinle, Arizona, now Director, Navajo Division of Education. Indian Education Act of 1971, Hearings, op. cit., pp. 89-90.

As Peter MacDonald, Navajo Tribal Chairman, has said, the greatest problem in education confronting the Navajo Tribe is the multiplicity of school systems.[2] (This is confounded for the Navajo Nation because there are three state public school systems as well as the Federal system on the reservation.)

To provide a truly comprehensive program for young Indian and Eskimo children requires cooperation and collaboration between the Bureau and the public school systems. Moves should be made by these two systems to share resources, expertise, and facilities.

Recommendation 11. THAT THE BUREAU TOGETHER WITH LOCAL PUBLIC SCHOOL SYSTEMS DEVISE WAYS OF SHARING RESOURCES SUCH AS MATERIALS, FACILITIES, AND PERSONNEL SO AS TO ACHIEVE A COORDINATED AND COOPERATIVE AS WELL AS A COMPREHENSIVE SYSTEM OF EDUCATION FOR YOUNG NATIVE AMERICAN CHILDREN AND THEIR FAMILIES.

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[1] S. Smith & M. Walker. Federal funding of Indian education: a bureaucratic enigma. Washington, D.C.: Bureau of Social Science Research, Inc., 1973.

[2] The Navajo Nation: an American colony. Report of the United States Commission on Civil Rights, September 1975.

C. SUPPORTIVE SERVICES FOR ALL PROGRAMS SERVING CHILDREN FROM BIRTH THROUGH AGE EIGHT AND THEIR FAMILIES

The inclusion of supportive services in educational programs is crucial and is a direct response to the needs of Indian and Alaskan populations which go beyond traditional concepts of education. These needs--concerning health, nutrition, social and psychological problems, and in parent education--affect the learning of children, directly and indirectly, as well as their daily lives in general. The supportive services recommended below are conceived as an integral part of the whole educational enterprise, demanding continuous contact between supportive staff and children and families. They are not seen as a part-time attachment implemented by the occasional visits of professionals.

As noted in the Bureau's PCDP guidelines, the child's functioning to full capacity is based on an assumption of good physical health and the absence of unmanageable emotional conflict. Physical health care programs must focus on "prevention, treatment, and health education in the areas of physical examination; follow-up; immunization programs; speech, hearing and visual testing; rehabilitation of handicaps; and dental care for the child; sufficient health care and health education for parents; and appropriate health services for staff, as well as family planning and prenatal care, within cultural practices."[1] Similarly, a nutrition program makes use of demonstrations and nutrition education and attempts to cultivate tastes for nutritious foods which do not supplant traditional foods but add to them.

Recommendation 12. THAT HEALTH AND NUTRITION SERVICES AND EDUCATION BE INCORPORATED INTO ALL EDUCATIONAL PROGRAMS SERVING CHILDREN FROM BIRTH THROUGH AGE EIGHT AND THEIR FAMILIES.

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[1] A guide for the development of Bureau of Indian Affairs and Tribal and Parent Child Development Programs (PCDP), January 1973 (mimeo), p. vi.

Social and psychological services personnel, working both with children and their families, ca[illegible]lp to bring closer together the concerns of families and those of the educational programs. Such staff constitute a special system of support for individual children and families in counselling and advice, and can also help families make best use of PCDP and school programs, and the services of existing community agencies.

Recommendation 13. THAT SOCIAL AND PSYCHOLOGICAL SERVICES BE INCORPORATED INTO ALL EDUCATIONAL PROGRAMS SERVING CHILDREN FROM BIRTH THROUGH AGE EIGHT AND THEIR FAMILIES.

The parent education component includes programs for parents, parent surrogates, prospective parents, and prospective foster parents. In consists of parent education in child development including prenatal development and maternal care, infant and child care through age eight; knowledge about preventive measures and ways of maintaining good health (including information about nutrition and dental care); preparation for and care of foster children; and programs for personal career development, where needed and desired.

One of the most important aspects of parent education is to reach the prospective parent who not only has no children but who is unmarried and in high school. This age group is a segment of the population that must be included in educational programs for prospective parents, so that they have the opportunity, before becoming parents, of as full as possible an understanding of the rights, obligations and responsibilities of parenthood. The programs being recommended for children through age eight and their families thus have a special responsibility to reach out to this population, many of whom may be older siblings of children being served by the programs.

Recommendation 14. THAT EDUCATIONAL PROGRAMS FOR PARENTS, PARENT SURROGATES, FOSTER PARENTS, PROSPECTIVE FOSTER PARENTS, AND PROSPEC-

TIVE PARENTS OF HIGH SCHOOL AGE AND OLDER BE INCORPORATED INTO ALL EDUCATIONAL PROGRAMS SERVING CHILDREN FROM BIRTH THROUGH AGE EIGHT.

Project Head Start is one of the few educational programs in which services to handicapped children are mandated and funded and where teachers are learning to identify handicaps. With an increasing number of births taking place in hospitals on reservations and in Alaska, the early identification of handicapping conditions has become more common. However, a great deal remains to be done in following through on services for children identified and in systematically surveying child populations for handicaps. The importance of early identification of handicapped children is well established. However, identification is obviously not enough. It should be emphasized that the earlier the handicapped child is in a program designed to help him or her the better. Some handicaps become irreversible if not treated at an early age. The Bureau of Indian Affairs has produced various documents and guidelines for special education.[1] However, school programs for handicapped children observed in the course of this needs assessment were funded primarily by Title monies or other sources. Handicapped children are often removed from their communities and live in special residential centers. There were few programs for handicapped children in Bureau schools, except some schools have resource rooms where children with special problems can go for individual help; and a few had special education classes and teachers for children with learning disabilities.

There is a great need for educational programs to work with parents, community groups, and health and psychological service personnel in the education of handicapped children. Special programs must be established for these children in their communities; parents should be trained in the special needs of handicapped children. Decisions must be made about which handicapped children can be placed in normal classrooms and which need more specialized care and skills training.

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[1] See, for example, Special Education Guidelines, Bureau of Indian Affairs, 1972, revised 1974.

It is extremely important that children with handicaps remain in their communities where their special needs are identified, planned for, provided for, and monitored.

Recommendation 15. THAT SPECIAL PROGRAMS FOR HANDICAPPED CHILDREN BE PART OF ALL EDUCATIONAL PROGRAMS SERVING CHILDREN FROM BIRTH THROUGH AGE EIGHT AND COORDINATED WITH THE REQUIRED MEDICAL AND PSYCHOLOGICAL SERVICES AS WELL AS WITH PARENT TRAINING.

Programs for children with "special" needs are usually associated with curriculum adaptations for children with handicaps; but another category of special need is that of the child with unusual gifts. In Alaska, the Bureau runs a summer camp for children who have done exceptionally well in school. This camp is being discontinued as of 1977. In Papago, the Head Start director believes that teachers of young children should be as alert in identifying gifted children as they were being trained to be in identifying handicapped children. However, we neither saw nor were told of any educational programs for children who are academically gifted, or for those who showed special talent in the arts. While there are some scholarship programs for the gifted at the post-secondary level, young gifted children are apparently being ignored. What an educator in Alaska notes about Alaskan Natives may indeed be true for young Native American children in general: "Indeed, the most neglected group of Native students is probably the academically gifted."[1]

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[1] J. S. Kleinfeld. Characteristics of Alaska Native students. In Alaskan Native needs assessment in education, ANNA, Juneau Area Office, Bureau of Indian Affairs, 1974, p. 51.

Taking account of giftedness should not be merely a matter of academic acceleration, since even though a child may have special gifts in one area, he or she may still be functioning at the developmental level of other children of the same age in other respects.

Since such children represent a rich potential resource to the Native American community, it is important that they be sought out and given the kind of education that will enable them to make full use of their abilities. To be of maximum benefit, such programs should be incorporated into the educational design at the primary level.

Recommendation 16. THAT SYSTEMATIC EFFORTS BE MADE TO IDENTIFY GIFTED CHILDREN AND, ONCE IDENTIFIED, TO OFFER SPECIAL EDUCATIONAL PROGRAMS THAT WILL ENABLE THEM TO MAKE FULL USE OF THEIR UNUSUAL ABILITIES.

D. TRAINING

In order to make local control of educational programs a reality, it is essential to provide a cadre of Indian and Native Alaskan people who can assume leadership roles in early childhood education as supervisors, administrators, teachers, parents, members of school boards and Tribal Education Committees, and other groups. There is also a very great need to upgrade the level of skills, knowledge and competency of personnel working with young Indian and Native Alaskan children in a variety of settings and, at the same time, to attract young Native Americans into the field of education.

It is true that Federally sponsored projects allocate funds for a variety of different training efforts. However, despite the amount of money spent and the multiplicity of programs, overall training needs are not being met. Training programs do not include all the key people concerned with giving child development services; they are fragmented both in terms of time and continuity of content; there is a lack of coordination at local, regional and Federal levels which often results in overlapping programs and, with few exceptions, training does not lead to giving necessary credentials to personnel.

Clearly, the new programs and revisions of current programs recommended in this report cannot achieve their goals unless existing training efforts are coordinated and different strategies are developed which build on what is available while, at the same time, creating new and more comprehensive ways of implementing training and staff development.

The following factors are crucial in developing and implementing effective training programs:

- All personnel, especially non-Native American staff, must become knowledgeable about Native American values and culture. They should also know about the particular culture and language of the children and families with whom they are working, so that they are better able to integrate local culture and language into the curriculum and the life of the school.

- Training must lead to career ladders for all staff who want to move ahead, such as aides who want to become teachers, or teachers who want to become supervisors, principals or center directors. This means that training must follow a planned sequence, that it must use principles of competency-based education, and that it must be linked to appropriate institutions of higher education.

- Attention must be focused on the interdisciplinary nature of programs for young children through age eight by providing training for all professionals and paraprofessionals concerned with the nature and needs of young children including personnel in health, nutrition, psychology, social work, and special education, as well as parents and members of community groups.

- Opportunity must be provided for staff to build on what has been learned in off-site or inservice training programs by having follow-up supervision in their own center or school to provide support in translating new learning into practice.

- Ways must be found for all personnel concerned with young children to see exemplary programs in their own and other areas so that they can broaden their vision of program possibilities, further develop their own critical faculties and thereby sharpen the goals and objectives for their own programs and the children with whom they are working.

Recommendation 17. THAT A NATIONAL TRAINING PROGRAM IN EARLY CHILD DEVELOPMENT AND EDUCATION BE ESTABLISHED IN REGIONAL TRAINING AND RESOURCE FACILITIES FOR ALL THOSE WHO WORK AND WISH TO WORK IN EDUCATIONAL PROGRAMS WITH CHILDREN FROM BIRTH THROUGH AGE EIGHT IN NATIVE AMERICAN COMMUNITIES, AND THAT SPECIAL EMPHASIS BE GIVEN TO LEADERSHIP TRAINING; AND THAT THE REGIONAL TRAINING AND RESOURCE FACILITIES BE STRATEGICALLY LOCATED IN REGIONS SUCH AS ALASKA, NAVAJO, SOUTHWEST, CENTRAL, AND SOUTHEAST.

These facilities will serve as training sites for the full range of personnel who work in tribal, Federal, State, and private organizations and are concerned with young children; that is:

supervisors, principals, teachers, aides

special education staffs

psychological and social service staffs

health and nutrition personnel

community leaders with responsibility in education

judicial and law enforcement personnel

parents and parent surrogates

adjunct staff in schools and other facilities, e.g., custodial

The goals of the training facilities will be for all the above staffs, parents and community people concerned with planning and implementing early childhood programs to:

- understand that early childhood involves continuous and interrelated processes of development
- deepen their understanding of the needs of young children and the ways in which age-appropriate programs can be developed, including needs and programs for handicapped children, and the gifted
- have an opportunity to interact with people working in different settings and in related disciplines
- be aware of existing resources in personnel, programs and materials, and social agencies, and have an opportunity to share their own resources
- make people aware of career opportunities in early childhood education and related fields, and explore possibilities for their own career development
- obtain technical assistance in the funding and development of new programs

In order to enact these goals, each training facility will have the following components:

- model/demonstration programs, onsite or nearby, serving children from birth through age eight, to be used for observation and internship in both teaching and administration
- a resource center bringing together available curriculum guides, materials, films, etc., to be used both to evaluate existing materials and create new ones

- onsite workshops, seminars and institutes for a particular category of staff or for interdisciplinary teams dealing with the same concerns. These would cover a broad range of content, such as reading, math, bilingual/bicultural education.

- work with handicapped children, health and nutrition, social and psychological services, parent education, fiscal management, proposal writing, etc.

- programs in leadership development for principals and other supervisory personnel

- follow-up training onsite in local communities in centers, schools and communities, with the use of mobile units when appropriate

- provision for career counselling for individuals and groups who are already working with young children or who want to do so. This would include coordinating credits and courses, and providing information about available programs.

- use of the facility as the coordinating unit for newly developed work/study programs for Native American staff who wish to move from paraprofessional to professional roles. These programs would be based on principles incorporated in the recent national Career Opportunities Program funded for five years by the U.S. Office of Education.

The Regional Training and Resource Facilities will form a national network; each will serve as a clearinghouse and informational system to its region about national training programs such as Teacher Corps and Career Opportunities Programs; each in turn will convey to local, regional, and national offices the needs for training that are identified in individual areas so that new programs can be developed and existing ones adapted.

These Regional Training and Resource Facilities would be available to coordinate the training needs of all types of programs such as those under the Office of Native American Programs; Title XX, Day Care; Indian Migrant Program Division, Office of Child Development; Office of Education; Indian Health Service; State Health Services; Tribal Education and Social Service; Alaskan Native Corporation Health Service; and for personnel working with Indian and Eskimo children in a variety of settings.

The above list comprises only some of the different agencies and programs serving Native Americans. It underlines the tremendous need for encouraging and safeguarding the principles of comprehensiveness, educational continuity, and collaboration and cooperation among all the services provided for children through age eight and their families, at all levels. As noted in Section B above, the Early Education Board will have responsibility for this at the local level in collaboration with the Bureau Early Childhood Center. The Early Childhood Center of the Bureau will coordinate at intermediate levels (Area and Agency Offices and Training and Resource Facilities). This collaborative network must be facilitated and authorized at the highest Federal levels.

Recommendation 18. THAT DIRECTORS OF AGENCIES IN THE DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE (e.g., OFFICE OF INDIAN EDUCATION, OFFICE OF HUMAN DEVELOPMENT) AND THE DEPARTMENT OF THE INTERIOR (BUREAU OF INDIAN AFFAIRS) ARE GIVEN THE AUTHORITY AND SUPPORT OF THEIR SUPERIORS AT THE SECRETARY AND COMMISSIONER LEVELS TO COORDINATE THEIR PROGRAMMING FOR ALL INDIAN AND ALASKAN NATIVE CHILDREN UNDER FEDERAL JURISDICTION; AND THAT MECHANISMS BE ESTABLISHED TO IMPLEMENT SUCH PROGRAM COORDINATION.

To enable all aspects of the programs recommended above to develop and strengthen, it is important they they be systematically reviewed. Ideally, this serves the purpose of building on strengths and achievements and finding ways to resolve the inevitable problems that accompany the development of any program. A review system, in part to be conducted by an outside unit, and in part to be based on self-evaluation, should be comprehensive and thorough. It should be helpful to program staffs rather than threatening and undermining, and while it should be applied periodically, it should not occur too often.

Recommendation 19. THAT A COORDINATED SYSTEM OF ANNUAL MONITORING AND REVIEW OF ALL PROGRAM AND TRAINING COMPONENTS SUBSUMED UNDER THE PRECEDING RECOMMENDATIONS BE INSTITUTED.

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The foregoing recommendations are concerned with establishing a comprehensive educational program for Native American children from birth through their eighth year of life. They call for the formation of PCDP units designed to serve parents and children, and to provide a variety of early childhood programs until children enter elementary school. The administrative structure of the PCDP is aimed at continuity and comprehensiveness of educational programming throughout the first four or five years of life. The recommendations also call for a basic revision and revitalization of BIA-sponsored primary education through the third grade, with supportive services integrated into the educational program, to ensure continuity with early childhood programs. In addition, recommendations have been made to strengthen the administration and coordination of all educational programs and to increase the participation, decision-making and control of these programs by Native American communities. Because the recommended programs are fundamentally dependent on the quality of staff, we have recommended that major regional training and resource facilities be created.

Thus, the basic direction of these proposals is to strengthen the earliest years of development of Native American children and, with the support and participation of their families, to provide an efficient and coherent framework for delivering education, health, and social services. The achievement of this vital and ambitious goal requires parent education, a close relationship between home and school, local control over program planning and administration, and well trained personnel committed to the principles of comprehensiveness, educational continuity and tribal decision-making. It also requires a new and coordinated commitment, at the highest levels, to the very young Indian and Alaskan Natives in recognition that the earliest years can be a most powerful influence on later functioning and achievement.

COST ESTIMATES

The recommendations for educational programs for all Native American children from birth through age eight are seen as part of the permanent educational system for Native Americans for whom the Federal government has trust obligations. Cost estimates are for the first ten years of these programs. In examining these cost estimates, two things must be borne in mind: (1) that the estimates presented have not been able to take into account the great differences in the cost of commodities and salaries which exist in different areas of the country; and (2) that the particular items presented must be adapted to local conditions, for example, population size, isolation of the community, geographic terrain and common means of transportation.

A. Children from Birth Through Age Four or Five and Their Families: The Parent Child Development Program

Recommendation 1. THAT THE PARENT CHILD DEVELOPMENT PROGRAM WITH HOME-BASED PROGRAMS, FAMILY DAY CARE PROGRAMS, AND CENTER-BASED PROGRAMS BE AVAILABLE FOR CHILDREN FROM BIRTH UP TO OR THROUGH AGE FIVE.

The funding of the Parent Child Development Program has the long-term goal of providing PCDPs, or their equivalents, in Native American communities which are eligible for them and wish to have them.

The funding pattern will provide for three categories of program support:

1. Some communities, upon demonstrating their interest, will receive large grants to establish complete PCDPs in their communities, which will include a planning period. This category of funding will enable a community to create a PCDP organization and program in one major, well-financed stage of program development.

2. Many communities will prefer to develop PCDPs more gradually. They may choose to begin with the most urgently needed early childhood programs, intending eventually to extend the program to all age groups that need them. However small the program, it includes the administrative structure, supportive services, the local Early Childhood Board, and a planning period. This category of program support will award smaller grants than those in category 1.

3. Communities which already have childhood programs funded by other sources (such as, Head Start, Title IV, Title XX) may seek supplementary funding to fill in gaps in their program from the second funding pattern outlined above. Such communities will also need funding to provide the central, coordinating administrative support for all these early childhood programs and to set up the Early Childhood Board. This third funding category will make it possible for communities which already have substantial early childhood programming to achieve the comprehensiveness and continuity which characterize the PCDP. While not all programs can be operated on a contract basis, they can be integrated and given coherence by means of a central administration and the Early Childhood Board.

Costs are estimated over a ten-year period and projections are made for 150 PCDPs in Indian and Alaskan communities by the end of this period. In estimating costs, it is assumed that one-third of these new PCDPs will serve 100 children, one-third will serve 50 children, and one-third will serve 25 children. By the end of the tenth year, 8750 children, ranging in age from birth to five years and their families, will be served by these units. In addition, a much larger number of children in these, as well as in other communities, will be served by the allocation of coordination and supportive service funds to early childhood programs primarily funded by other agencies (see funding category 3 above).[1]

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[1] The 8,750 children to be served by the PCDP units represent approximately one-sixth of the birth to five-year-old Native American rural population (based

The projected costs of establishing these programs during the first ten years are given below. They are based on a unit cost of $3,000 per child. A breakdown of the unit cost estimate is presented in Appendix C. The projected costs are presented below, both those which involve the funding of components or total units of PCDPs (categories 1 and 2 above) as well as costs of coordination and supportive services (category 3 above).

Year	PCDP	Coordination and Supportive Services
1	$4,000,000	$700,000
2	8,000,000	900,000
3	12,000,000	1,100,000
4	15,000,000	1,300,000
5	18,000,000	1,500,000
6	20,000,000	1,600,000
7	22,000,000	1,700,000
8	24,000,000	1,800,000
9	25,000,000	1,900,000
10	26,250,000	2,000,000

The above figures indicate that after ten years, when the 150 proposed early childhood programs are functioning, their annual operating costs will be $28,250,000.

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on 1970 Census figures); and approximately one-half of the first grade population in Bureau schools (based on 1975 enrollment figures). Given that large numbers of children are and will be served by other programs, and that not all communities will wish to establish PCDPs, the estimated target group of 8,750 seems reasonable.

B. Children Aged Five Through Eight and Their Families

Recommendation 5. THAT HIGH PRIORITY BE GIVEN TO DEVELOPING KINDERGARTEN PROGRAMS IN COMMUNITIES WHICH DO NOT HAVE THEM, AND THAT COMMUNITIES SHOULD HAVE THE OPTION OF ATTACHING A KINDERGARTEN PROGRAM TO AN EXISTING BIA DAY SCHOOL OR TO THE NEWLY-CREATED PARENT CHILD DEVELOPMENT PROGRAM.

The Bureau is already committed to extending kindergarten programs and no new funds are being sought to implement this Recommendation.

Recommendation 6. THAT THE BUREAU OF INDIAN AFFAIRS MAKE A COMMITMENT TO A RADICAL AND CONTINUING REFORMULATION OF EDUCATIONAL POLICY AND PRACTICE, THAT THE BUREAU ENGAGE IN A SELF-EVALUATIVE AND RE-EDUCATIVE PROCESS WITH THE GOAL OF CREATING A DEVELOPMENTALLY SOUND, CULTURALLY RELEVANT AND ADAPTIVE EDUCATIONAL PROGRAM FOR THE INDIAN AND ALASKAN NATIVE CHILDREN IT SERVES, AND THAT THE PROGRAM BE BASED ON THE PRINCIPLES PRESENTED ABOVE.

Recommendation 7. THAT THE BUREAU OF INDIAN AFFAIRS IMMEDIATELY BEGIN A PLANNING YEAR IN ORDER TO REFORMULATE ITS EDUCATIONAL POLICIES AND PROGRAMS AS RECOMMENDED ABOVE (#6); THAT A DETAILED PLAN BE DEVELOPED TO MEET THE OBJECTIVES OUTLINED BELOW. SINCE THE SCOPE OF CHANGE REQUIRED IS BOTH BROAD AND INTENSIVE, THE PLAN SHOULD OUTLINE MEANS FOR REACHING THE OBJECTIVES TO BEGIN IN ALL SCHOOLS WITHIN FIVE YEARS.

The annual expense of revamping a single school is estimated to be $80,000. After the first five years of reorganization it is anticipated that the annual operating costs associated with the new comprehensive programming will be reduced to $50,000 per school. In the following table the costs of this revitalization of educational programming are based on school K-3 populations of 100, and the target group of schools, estimated at 126,[1] is expected to be reached in five years following the initial planning year. As noted above, the costs per school decline from $80,000 to $50,000 following five years of participation in the reorganization. The breakdown of annual operating expenses for revamping such a program, using a unit of 100 children in kindergarten through third grade, is given in Appendix C.

Year	# Schools To Be Added	Total # Schools	Annual Cost
1	(planning)		$350,000
2	15	15	1,200,000
3	20	35	2,800,000
4	25	60	4,800,000
5	40	100	8,000,000
6	26	126	10,080,000
7	--	126	9,630,000
8	--	126	9,030,000
9	--	126	8,280,000
10	--	126	7,080,000

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[1] As of FY 1975, there were at least 101 kindergartens in 66 day and 35 boarding schools operated by the Bureau. It is estimated that by the time these recommendations are implemented there will be 126 Federally-operated schools with kindergartens.

Recommendation 8. THAT AN OFFICE OF EARLY CHILDHOOD EDUCATION BE ESTABLISHED WITHIN THE BUREAU OF INDIAN AFFAIRS, STAFFED BY PERSONS WITH QUALIFICATIONS AND EXPERIENCE IN THAT FIELD, IN ORDER TO PLAN AND IMPLEMENT DEVELOPMENTALLY SOUND AND CULTURALLY RELEVANT PROGRAMS FOR CHILDREN THROUGH AGE EIGHT AND THEIR FAMILIES.

In the following figures, annual costs increase during the first three years because of the expanding role of the annual review of programs and other contractual services, and then stabilize. A detailed analysis of the annual operating costs of the Early Education Center is presented in Appendix C.

Year 1	$573,600
2	648,600
3	748,600
4	748,600
5	748,000
6	748,600
7	748,600
8	748,600
9	748,600
10	748,600

C. Supportive Services for all Programs Serving Children from Birth Through Age Eight and Their Families

The expenses associated with the services called for in Recommendations 12 through 16 are included in the support for the PCDP and Primary Program.

D. Training

Recommendation 17. THAT A NATIONAL TRAINING PROGRAM IN EARLY CHILD DEVELOPMENT AND EDUCATION BE ESTABLISHED IN REGIONAL TRAINING AND RESOURCE FACILITIES FOR ALL THOSE WHO WORK AND WISH TO WORK IN EDUCATIONAL PROGRAMS WITH CHILDREN FROM BIRTH THROUGH AGE EIGHT IN NATIVE AMERICAN COMMUNITIES, AND THAT SPECIAL EMPHASIS BE GIVEN TO LEADERSHIP TRAINING; AND THAT THE REGIONAL TRAINING AND RESOURCE FACILITIES BE STRATEGICALLY LOCATED IN REGIONS SUCH AS ALASKA, NAVAJO, SOUTHWEST, CENTRAL, AND SOUTHEAST.

The start-up costs are estimated to be $1,690,000 for each facility; the annual operating costs beyond the first year are estimated to be slightly less--$1,488,000. Since we recommend that five such Regional Training and Resource Facilities be formed, the first year costs are estimated to be $8,450,000 and succeeding years' operation will cost $7,440,000. A breakdown of the start-up and annual operating costs of one Regional Training and Resource Facility is given in Appendix C.

Recommendation 18. THAT DIRECTORS OF AGENCIES IN THE DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE (e.g., OFFICE OF INDIAN EDUCATION, OFFICE OF HUMAN DEVELOPMENT) AND THE DEPARTMENT

OF THE INTERIOR (BUREAU OF INDIAN AFFAIRS) ARE GIVEN THE AUTHORITY AND SUPPORT OF THEIR SUPERIORS AT THE SECRETARY AND COMMISSIONER LEVELS TO COORDINATE THEIR PROGRAMMING FOR ALL INDIAN AND ALASKAN NATIVE CHILDREN UNDER FEDERAL JURISDICTION; AND THAT MECHANISMS BE ESTABLISHED TO IMPLEMENT SUCH PROGRAM COORDINATION.

The cost of annual review and monitoring is included in the budget of the Bureau Early Childhood Education Center.

Summary

Four major sources of expenditures have been outlined: (1) the development of 150 PCDPs and provision for coordination and supportive services in the same and other communities; (2) reorganizing and revitalizing the Primary Program (kindergarten through third grade) in 126 BIA schools; (3) establishing an Early Childhood Education Center in the Bureau of Indian Affairs; and (4) creating five Regional Training and Resource Facilities. The ten-year summary of these four major sources of costs is presented below.

Year	PCDP	Primary Program	BIA Early Childhood Education Center	Training	Total
1	$4,700,000	$350,000	$573,600	$8,450,000	$14,073,600
2	8,900,000	1,200,000	648,600	7,440,000	18,188,600
3	13,100,000	2,800,000	748,600	7,440,000	24,088,600
4	16,300,000	4,800,000	748,600	7,440,000	29,288,600
5	19,500,000	8,000,000	748,600	7,440,000	35,688,600
6	21,600,000	10,080,000	748,600	7,440,000	39,868,600
7	23,700,000	9,630,000	748,600	7,440,000	41,518,600
8	25,800,000	9,030,000	748,600	7,440,000	43,018,600
9	26,900,000	8,280,000	748,600	7,440,000	43,368,600
10	28,250,000	7,080,000	748,600	7,440,000	43,268,600

APPENDIX A

EVALUATION OF THE PARENT CHILD DEVELOPMENT PROGRAM
PUEBLO OF ACOMA

Evaluation of the Parent-Child Development Program of the Pueblo of Acoma

I. Background

The direct involvement of the Bureau of Indian Affairs in the field of early childhood began in the year 1968-69 with the establishment of 34 kindergartens to be attached to existing Bureau day schools.

The interest which began in the sixties extended into the present decade as the Bureau turned its attention to the education and welfare of children below kindergarten age. In April 1971 in the paper Early Childhood Education (73-60-E), the Bureau stated its support for a deeper and more extended commitment to the young child based on the growing evidence of research findings and reports of the importance of the early years as a time of significant learning. The major part of the paper is a set of recommendations which creates a design for a comprehensive program for early childhood education from infancy through the preschool years, preventive in nature and focusing on the whole family. The ultimate objectives of the program are to enable each child to become deeply involved and self-directing in learning; to acquire a positive image of self as person and learner; to grow in terms of intellectual functioning, ego strength, initiative and inventiveness, relatedness to people and coping capacity; and to adapt to his or her own culture and eventually help to shape it (p. 6).

Intrinsic to the design of the Bureau's early childhood program is a concerted effort to coordinate health and social services with the proposed program. The Bureau's aim was to begin such comprehensive programs in communities with existing kindergartens. From a ten million dollar request to Congress, the Bureau received a reduced amount of $600,000 which was used to establish two pilot programs--the Parent-Child Development Program (PCDP)--based on the Bureau's design. An RFP was sent to all reservation communities in which kindergartens existed. From the proposals received, the two which were selected as the pilot programs were those submitted by the Choctaw tribe in Mississippi and the Pueblo of Acoma in New Mexico. The Acoma program was launched in 1974.

The Pueblo of Acoma responded to the RFP with a proposal based on a house-to-house assessment of community needs for early childhood programs. There was a lapse of three to four months between the time in which the proposal was submitted and its acceptance by the Bureau. With this extended waiting period, plus the fact that there was no guarantee that the proposal would be accepted, the people comprising the Planning Committee--those who had done the needs assessment, proposal writing, and who were to be future staff--ultimately sought other employment. When the Acoma PCDP proposal was accepted, the community then had to recruit a totally new staff to begin operation of the program. Setting up the centers began in February 1974. Several months later, in June, the Acomita Day Care Center opened, and a month later the McCartys Center. At present, the Acoma PCDP is in its second year of operation.

II. Description of Program Components

The Acoma PCDP offers parents a variety of educational programs from which to choose in accordance with their needs and preferences. The choices available to families with children from infancy to four years of age are: Family Day Care, Home Base Program, and Day Care Centers. At age four, many children are eligible for the Head Start center which is in the community. At age five, children enter kindergarten which is now housed in the new BIA Day School building. The Acoma Day School is for children from kindergarten through the eighth grade. With the existence of the PCDP, there are now available on the Acoma reservation educational programs from birth through eighth grade. Each component of the PCDP will be briefly described in this section. A fuller description and evaluation is presented in other sections of this report (IV. Program, V. Staffing).

Family Day Care (infants through two-and-one-half). From infancy through age two-and-one-half, parents may leave their children in the home and care of a Family Day Care (FDC) mother during the working day (7:30 a.m.-5:30 p.m.). The FDC mother may have children of her own; in such an instance, no more than three children may be cared for in a home including the FDC mother's own children. Parents choose the FDC mother from a listing of available homes. Children are delivered and picked up by their parents. In addition to physical care and attention, the FDC program also provides some program of stimulation for children. As of December 1975, this component served 35 children from 34 families, involving 26 FDC mothers.

Home Base (for ages two through four, Verbal Interaction Project). This component is available to mothers who wish to have some educational program for their children in their own homes. In Acoma, a particular program is in use--the Verbal Interaction Project (VIP) designed by Phyllis Levenstein (1968).[1] Based on the assumption that the mother is the prime educational agent for her child, the program aims at stimulating verbal interaction between the child and parent through the use of "permanently assigned" toys and accompanying activities. Children enter this program at around the age of two and stay in it for two years, as the years from two to four are seen as "the most fertile period of language and attachment development."[2] In addition to specified cognitive goals, attention is also given to affective and social development.

Parent and child are visited by Toy Demonstrators on a semi-weekly schedule of home visits. During these visits a toy or book is introduced to the child, and its use and potential for the child's learning are demonstrated to the mother. Toys and books remain in the home permanently.

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[1] P. Levenstein. *Aiding cognitive growth in disadvantaged preschoolers: mother-child programs*. Progress report to the U.S. Children's Bureau. Family Service Association of Nassau County, Mineola, New York, 1968.

[2] Proposal for PCDP, for fiscal year 1975. Acoma PCDP, p. 25.

At present there are 16 children in the VIP Home Base program. Some of the children are in their second year in the program, while others are just beginning. Efforts are being made to have the VIP used in FDC homes so that more children will benefit from the program.

Day Care Centers (two-and-one-half through four years). This component meets the needs of parents of children of ages two-and-one-half through four who are working, going to school, and of those families who, because of particular home circumstances, need assistance in the care and education of their children. The centers are open from 7:30 to 5:00, five days a week.

There are two Day Care centers, one in Acomita and one in McCartys. Included among the educational goals of the programs are the fostering of independence and responsibility, language and cognitive development, a positive self-concept, and the development of cultural identity. The programs of these two centers include an indoor work period during which time children may use blocks, paint, clay, collage, books, a housekeeping area, workbench, manipulative materials, etc. Each center has an outdoor area which is used extensively. The daily program includes breakfast, lunch, snacks, and a rest period.

As of December 1975, the Acomita Day Care Center served 14 children from 12 families; 17 children from 15 families attended McCartys Day Care Center.

Resource Center. In addition to the three child-centered components of Family Day Care, Home Base, and Day Care Centers there is also a Resource Center located in the PCDP offices in Acomita. The Center has books, materials, activity cards, workshop facilities, play equipment and cribs for children who may accompany parents to meetings, and space for the Outreach staff to hold workshops and for the development of curriculum materials.

Coordination of Services. Basic to the PCDP design is coordination with health facilities and programs available in the community and surrounding areas. This work is under the jurisdiction of the Health Coordinator, whose function is to establish and maintain a health program for PCDP families, to keep health records of program children, and to refer families to the appropriate health services. The Health Coordinator is located in the PCDP Administrative offices. Coordination between PCDP and social services in the community is effected through the Community Action Program. In addition, educational programs for parents within each component are coordinated through the efforts of the Central Staff--Administrator, Outreach Coordinator, and Health Coordinator. These programs, as well as staff training, are discussed in later sections.

III. Facilities

PCDP facilities exist in three locations: (1) PCDP Administrative Offices in Acomita, (2) Acomita Day Care Center, (3) McCartys Day Care Center. The Family Day Care and Home Base components occur in homes within the community.

PCDP Administrative Offices. These offices are located in a small building in Acomita, which is shared with the CHR offices. Contained within the PCDP offices are: (a) a fairly large room which houses the Resource Center, space for meetings and workshops, and cribs and materials for children who come with their parents. Then, in order of diminishing size, are: (b) an office for secretarial and bookkeeping staff, (c) home visitors' workroom, (d) offices of the Health Coordinator and Outreach Coordinator, (e) Director's office.

Acomita Day Care Center. Housed in an adobe building, similar to many of the surrounding homes, are a series of two small and one larger room which are the classrooms of the center. There is also a combination stockroom and bathroom with sink. Connected to the larger room by a "dutch" door is a large, well-equipped kitchen. It is here that lunches are prepared for both centers. The outdoor area consists of a shaded sandbox large enough for children to sit, and many pieces of attractive climbing apparatus and materials for physical activities. At each center there is an outdoor oven which is used for baking.

McCartys Day Care Center. This center is also in an adobe building and consists of two large rooms and one smaller room which comprise the classrooms for the children. There is a bathroom and sinks adjacent to one of the classrooms. In addition, there is a small kitchen which is used for the preparation of breakfast and snacks. The outdoor area at this center also has a sandbox, ingenious climbing equipment, swings, and other appropriate outdoor equipment.

The facilities of both these centers are the result of the work of parents and staff. Together they wired, painted, built lofts and partitions, and created these two very attractive centers for children. Indoors and outdoors there is evidence of careful planning, care and attention, and investment on the part of parents and staff in the care and growth of the children.

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The two centers are well-cared for and adequate for the present enrollment. McCartys' kitchen is quite small but as it is used primarily for the preparation of breakfast and snacks, with lunch for both centers being cooked at Acomita, it functions adequately for its present use. The McCartys center has a drainage problem which has existed from the start and which needs correction.

The PCDP offices in Acomita are too small for the work of this program as it now exists. As the program expands and extends its services--and there are strong indications that this will occur, judging by the waiting lists for FDC--the present space will be totally inadequate. The offices are currently used for training sessions, meetings, and workshops. When FDC mothers and/or parents come, many bring their children with them. PCDP staff have made provisions for such visits, but, of necessity, because of cramped space, these arrangements are limited. More adequate space would also enhance the potential and utilization of the Resource Center which is housed in the PCDP offices.

IV. Programs

The brief descriptions of each component presented in Section II are detailed below. This section also includes a description of educational programs for parents.

A. Programs for Children

Family Day Care. It is expected, as stated in the Acoma proposal, that the Family Day Care component will "provide a setting for continuing dialogue between parents and caregivers about quality child care...[and will] develop an education program which will provide immediately applicable information in child-care and development for Family Day Care mothers."[1]

It is hoped that a home setting, together with a maximum 3:1 child-adult ratio, will provide a caring, individualized, responsive environment for infants and toddlers. On the basis of several observed instances during visits to Family Day Care homes, this goal is being achieved: children-in-care seemed in most instances to have become "members of the family"--held, cuddled, played with, fed, etc. In addition, this component also tries to provide opportunities for stimulation and learning for the children through training provided for FDC mothers (see Section V. Staffing).

Attention to the health and social service needs of infants and toddlers in-care and their families is provided through the network created by PCDP of regularly scheduled visits by Home Visitors to FDC homes. Home visitors meet regularly with the Health Coordinator and Outreach Coordinator; and the Health Coordinator also visits FDC homes. The Resource Center may be used by Family Day

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[1] PCDP Proposal for fiscal year 1975, Acoma PCDP, p. 22.

Care mothers for obtaining materials and books for use with the children in their care.

It is expected that a continuing dialogue will occur between parent and caregiver in their daily meetings: a parent telling the FDC mother if her child has had a restless night, a conversation about food preferences or favorite toys; the FDC mother sharing information with the child's mother about the child's reaction to a new formula, a toy, a new word spoken. FDC mothers may also share knowledge with parents from training sessions on nutrition, sanitation, health care, etc.

Home Base - VIP. The structure of this component is dictated by the design of the Verbal Interaction Project--its basic assumptions, prescribed curriculum, monitoring procedures, etc. The PCDP staff working directly with the mother and child--the Toy Demonstrators--are trained together in an initial workshop and in weekly group conferences throughout the year. Each book and toy provided for use in the home has an explicit mimeographed curriculum guide sheet which the Toy Demonstrators are trained to use. Sessions with the child are taped as a device for monitoring and evaluating sessions.

Through participation in this program--"through informal verbal interaction and teaching of labels, and categories of labels, the mother is in a unique position to help the child develop his innate capacity for symbolization, and thus conceptualization and intelligence, while enhancing their mutual attachment and the child's affective development."[1]

With the mother aware of the potential learning to be gained in using books and toys, and with the toy remaining in the home, there is the opportunity for other children in the home to share in this learning situation and for it to become a family affair. Also, as one mother added approvingly, it offers the child an opportunity to form a relationship with a person (the Toy Demonstrator) who is outside the family.

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[1] PCDP Proposal, fiscal year 1975, Acoma PCDP, p. 25.

PCDP staff working with Home Base mothers are the Toy Demonstrators who are supervised by the Outreach Coordinator. In addition, the Coordinator works with a representative of the VIP who visits Acoma on a periodic basis to evaluate the overall program.

Day Care Centers. Each of the two Day Care centers has a mixed age group of children ranging in age from two-and-one-half to, or through, four years of age. Each center has a head teacher, two assistant teachers, and a cook. One maintenance person services the two centers.

Both centers have the same educational goals and the means used to achieve these goals vary with the individuality of the staff and children at each center. The educational programs are clearly based on an understanding of child development and the learning style of children of these ages. The programs offer children a variety of opportunities for self-discovery, exploration and activity. Situations are created to promote independence, participation, and the exercise of judgment and choice on the part of the children. Within an atmosphere of flexibility and ease, there is evidence of a well-thought-out program geared to the variety of ages and individual preference. Each child is known as an individual person and respected as such. Teachers work within an educational framework of guiding principles which are translated to the particular needs and growth of each child. Particularly noteworthy in these centers, in contrast to observations made in other preschool settings, was the ease and comfort in conversation between children and adults. Children chatter away among themselves; they engage visitors in conversation and play. Teachers spontaneously started conversations with a child or with a group in a sandbox. There were conversations about happenings, events to come, feelings, plans of things to do, parents.

In these two centers, talking was a natural, enjoyable, and encouraged form of expression.

The two centers differ in their physical layouts and each has given thoughtful attention to the setup of work areas. In both centers there are appropriately setup block areas, housekeeping units, art areas, book and language areas, attractive manipulative materials, equipment for wood working. There are opportunities for a variety of activities in art--as evidenced in the art work in the classrooms--and also for cooking, science, and music.

Each center has a loft, in each it is used in a different work area encouraging a variety of possible uses. In both centers there are imaginative teacher-made materials which are appropriate for children of these ages. For example, at the Acomita Center, the teachers have made colorful, wooden puzzles with scenes and content familiar to Acoma children. One of the teachers has written and illustrated a book, "Grab Day for Juan," which is added to the fine collection of children's books which are read often to the children.

The "development of native cultural identity" is one of the objectives stated in the proposal of the APCDP, and is provided for through the inclusion of a native resource person and "grandmother in residence" who devotes her time to teaching children about their culture and language at both centers. In addition to the teacher-made puzzles, books, alphabets, and pictures, also included in the classrooms are cafe curtains imprinted with Acoma designs, paper cut-out "pottery" with intricate hand-painted designs which decorate the walls of the housekeeping area and the classroom. The evidence of the community's culture is rich, meaningful, relevant and naturally integrated into the daily lives of the children in the center. Culture is part of being in these centers and is not relegated to specific times during the daily schedule or to a wall exhibit.

The daily schedules are flexible enough to meet the needs of the children, weather conditions, and spontaneous and planned trips. Children come in gradually as they are delivered by parents. When the majority of children have arrived, breakfast is served. Children are encouraged to serve themselves and they are assisted in doing so by the type of serving equipment which has been selected. The morning work period is a natural flow between indoors and outdoors--some children spatter-painting in a room, a child playing house with a visitor, a few children listening to a story, others also listening while using some manipulative games, a child finishing cereal and toast while chatting with the cook, a few children outside working in the sandbox. Some children naturally gravitate toward activities of their choice, others follow teacher suggestions, some are guided directly to an activity. All the adults move in and out as needed, commenting, assisting, observing.

After lunch, tooth brushing, and toileting, the children have rest time. Following a small snack there are activities indoors and/or outdoors until children are picked up. Within the daily program there are small-group times--reading, music, etc. Pick up by parents is staggered according to their schedule. The centers close by 5:30 p.m.

During the course of the year, trips are planned to points of interest in the surrounding area and within the community.

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A growing feeling among persons interviewed in relation to the Family Day Care component was that what was originally a babysitting service has developed into a program which combines child care with child development principles. Parents are beginning to perceive the contribution of stimulation, play, materials, and interaction to a child's growth. In the several Day Care homes visited, the attention given to the children was warm and responsive. This part of the

PCDP seems to be gradually finding its way and strengthening its ability to serve children. The administrative staff of PCDP is well aware of the areas in this component which need additional support: helping FDC mothers to exercise more initiative; motivating them to make greater use of the Resource Center; becoming more knowledgeable in child development and the use of materials.

The very small number of children (16) involved in the Home Base program, in combination with the program's high cost, raises questions as to its suitability for this community. The fostering of cognitive growth through the stimulation of verbal interaction between mother and child, and the use of intrinsically motivating materials to facilitate such interactions, are principles which could be adapted within the PCDP through the efforts of its own staff. Also, the prescriptive nature of this program's activities may at times limit the possibilities which may naturally arise between child and adult, and inhibit the more spontaneous responses of the person acting as demonstrator. The taping of sessions, a monitoring tool, also seems to inhibit performance.

Several members of our staff had the opportunity to visit the Day Care Centers over a period of six months (May through November 1975) in the five visits made to the Acoma Community. We have been impressed by the steady and continued improvements in the program in these six months.

The educational programs of these two centers are excellent--outstanding in relation to many of the standardized, unimaginative, routinized, dull preschool programs we frequently observed in our field visits. Noteworthy by any measure is the degree of integration in curriculum planning of a firm understanding of the child's world, feelings and learning style. There is encouragement and motivation to expand, to grow, to find mastery without pressure or imposition. The humanistic goals of this program are evident in the awareness of and response to the potential and individuality of each person. It is an atmosphere characterized by responsibility and trust, in which the growth of children and adults is a primary concern.

B. Programs for Parents

Parents have been involved in the PCDP programs from the beginning on many levels. A noteworthy example at the inception of the program was the combined renovation and building work done by the parents and the staff at the two Day Care Centers. In all our interviews with parents and staff, and in the PCDP meetings and activities we attended, it was evident that the role of parents and their participation is a central focus of the program. Involvement of parents in the education of their children is consistently encouraged by the staff. Educational programs for parents exist on two levels: (1) programs and meetings which address themselves to expanding the knowledge and information of adults; and (2) programs which give parents a better understanding of curriculum and of the activities and progress of their children. The overlap of knowledge and understanding between these two levels serves to deepen understanding as learning in these areas is approached from a variety of vantage points. Additionally, staff training in any of the three PCDP components may ultimately be seen as parent education as many, if not most, staff members are parents and/or family members directly involved in raising children.

The following is a brief outline of some of the programs now available to parents in the community:

a) In conjunction with the CHR, the PCDP Health Coordinator has set up workshops and meetings for prospective parents, e.g., information on nutrition, prenatal care, etc.

b) Monthly meetings for Family Day Care parents in which child development principles, health care, child-rearing practices and questions are discussed.

c) A newly initiated program for parents of Day Care and Head Start meeting weekly for an eight-week course using materials of the Parent Effectiveness Training program.[1]

d) The Day Care centers hold periodic meetings to acquaint parents with the educational programs of the children. There are talks, workshops on the use of classroom materials, etc.

e) A monthly newsletter is sent out to all PCDP parents; in addition, there are newsletters from some of the individual components.

The following programs for parents are currently projected:

a) A series of meetings for PCDP parents with a bilingual-bicultural component in which parents would have an opportunity to discuss their own upbringing, schooling, and the child-rearing practices of the community.

b) Plans for a joint meeting of parents in PCDP, Head Start, and kindergarten to discuss health and health care.

c) Arrangement of small-group evening showings of health films in a home to which other parents are invited.

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Both formal and informal opportunities to draw parents into the program are utilized and this is a high priority for PCDP staff. From parent interviews, observation of meetings and center visits, it is evident that parents feel they are part of the program and that their participation is welcomed. PCDP staff are alert for discussion and meeting topics which would be relevant and meaningful to parents. Efforts are being made to involve as many parents as possible, and attendance and interest are growing. For example, Parent Effectiveness Training workshops which were recently initiated are evolving into more comprehensive personal growth workshops drawing from P.E.T. value clarification exercises and the field of human development. Consistent parent involvement does not occur overnight nor does it occur simply because a program exists. Success often depends on the quality of communication between parents and staff concerning the growth parents are able to see in their children as a result of program participation. With time and experience, parents are feeling the impact of the PCDP in the Acoma community and are increasingly turning to its services for themselves and their children.

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[1] Thomas Gordon. P.E.T.: Parent Effectiveness Training, Peter Wyden, Inc., A Program of Effectiveness Training Associates, Pasadena, California, 1970.

C. Resource Center

The Resource Center housed in the PCDP Administrative offices is available to all the components, and contains books, toys, games, activity cards, etc. Items are borrowed for use in the home. For some time, the Resource Center was infrequently used by parents or workers in the program. When the Resource Center was last seen by members of our staff in November 1975, it was greatly improved both in appearance and content. From conversations with PCDP staff there recently seemed to be more interest in its use.

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The availability of a Resource Center in the community is an excellent idea and the PCDP staff have worked to make it more attractive to parents, and to motivate parents to use it. It is our impression that available time and distance may be factors which create difficulties for some in using the center. In addition, lack of space to exhibit or demonstrate materials diminishes the appeal of what is available.

D. Health

The responsibilities of the Health Coordinator of PCDP cover various areas and involve the following functions: maintaining health records for each child in each component; helping to establish and check the health records of each participating child in the Acoma Clinic; periodic visits to FDC homes and the two Day Care centers to check on the children's health and to maintain records; Home Base mothers may also request visits; scheduling medical appointments for program children and parents as need is identified; referral services; establishing health records and scheduling medical appointments for FDC mothers who must have a physical examination before being accepted into the program; scheduling and arranging for regularly held workshops and meetings on nutrition, health care, sanitation, etc., for parents and workers in programs, often in conjunction with the CHR; keeping up to date the health information in the Directory created by PCDP of Health and Social Services (Community Health Resources Directory); referral to appropriate agency in case of emergency.

These functions are aimed both at current needs and at the future health of all concerned. It follows that the Health Coordinator sees as an important part of her work the education of parents so that they may learn the importance of proper diet, the meaning of early symptoms, the consequences of certain habits in general health, etc. Her work, which brings her into constant contact with other health agencies, is often complicated by the requirements and organizational rigidity of some of these agencies.

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The areas in which the Health Coordinator is involved are all necessary and important. There have been thoughtful and commendable efforts for systematic coordination of health records, and for workshops and programs which would add to the knowledge of the community in the area of health. The degree to which such efforts can succeed, unfortunately, is sometimes determined not by the quality of the efforts but by the degree of cooperation received from other agencies. For example, the community clinic would like parents to assume responsibility for the health care of their child. This is an appropriate regulation and understandable, but often not feasible for PCDP parents who work and cannot meet clinic hours. The Health Coordinator's attempts to obtain permission for other members of the immediate family to act as substitutes to bring the child for clinic visits have met with little success. There are other examples which indicate that attention is being given more to regulations than to the needs of the people being serviced. If the clinic wishes to have parents responsible for their children's immunization shots and checkups, then it seems reasonable to ask that the clinic be open on some evenings and/or Saturdays during the month, in recognition of the fact that the parents are working people. The desire to have parents assume responsibility must also consider their other responsibilities. Included in the work of the health component of PCDP should be regularly scheduled physical examinations for each child in the program at least once a year.

E. Social Services

There is no Social Service Coordinator in the Acoma PCDP. This function is carried out through the Community Action Program. From our interviews, this arrangement seems satisfactory. The Health Coordinator of PCDP makes referrals to CAP.

V. Staffing

A. Staff Positions and Recruitment

Family Day Care staff consists of Family Day Care mothers, Home Visitors, and Outreach Coordinator. The ratio at present seems to be about seven FDC homes for every Home Visitor. The Health Coordinator is also directly involved in this program. The Home Base staff consists of the Toy Demonstrators and the Outreach Coordinator. The Health Coordinator is available to serve parents of this component. Each of the Day Care Centers has a head teacher and two assistant teachers. There is also a cook at McCartys and a cook and assistant at Acomita. One maintenance person serves both centers. Two part-time Consultant-Trainers are also attached to this component. The two people serving in this capacity are the two teachers who had been head teachers at each of the centers in the first year of operation. Shared by the two centers is the Native Resource person who teaches language, custom, songs, and who is a model of the Acoma culture for both staff and children. The Health Coordinator is also directly involved in the work of the centers. The Director is responsible for the functioning of all program components.

With the exception of the two part-time consultant-trainers, the entire staff of the PCDP are Native Americans and members of the Acoma community. As openings occur they are posted in PCDP offices, Day Care centers, and other offices frequented by community people. The Acoma PCDP has been quite successful in recruiting staff who are committed to quality care and education for young children. Recruitment of FDC mothers utilized a preexisting network of mothers who were already involved in caring for children in the community and recruited many of them as FDC mothers. This "natural network" was formalized and the women were given training and supervision in their work.

On several occasions staff openings have been filled by upgrading present staff and, from our observations, this has been quite successful. In our last two visits we saw former assistant teachers who had become teachers; also, the custodian of the two centers had become an assistant teacher when that position became available.

B. Administration

The administration of the PCDP is largely the function of the Director who coordinates the work of the various components, and to whom falls the major share of the responsibility for maintaining quality programs for children and their families. The Director is responsible to the PCDP Board, with final authority resting with the Tribal Council.

Included in administration, and supporting the work of the Director, are the Health Coordinator and Outreach Coordinator. The functions of the former have already been discussed (see Section IV, D). The functions of the Outreach Coordinator are primarily geared toward the operation of the Family Day Care and Home Base programs which include supervision, coordination, and the large task of inservice training for these programs. Education programs for the parents of the Outreach programs are jointly developed by the Health and Outreach Coordinators. Additionally, the Resource Center is largely the responsibility of the Outreach Coordinator.

PCDP Board. The PCDP Board is composed of six appointed members and seven elected members. Fifty percent plus one of the members must be parents. The functions of the Board are to oversee the whole program, hiring and interviewing staffs, approval for training programs and conference attendance of staff members. The Board receives a monthly report from the Director of the Program and meets periodically with the Tribal Council.

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We have been impressed by the administrative and supervisory staff of the program--coordinators, director and consultant-trainers. They are thoughtful, knowledgeable and dedicated people, and the quality of their work is evident in the continued progress of the PCDP. Particularly noteworthy is a style of functioning with the staff, in which individuality is respected and which includes an understanding that time is necessary for people to learn. The characteristics of this style carries over into work with parents and children.

In our interviews with the administrative staff, center staffs, and parents we heard high praise for the functioning of the PCDP Board. From our information, it seems that communication between the Board and program staff and participants is excellent. The Board meets monthly with the center staffs to discuss the program and "what they would like the children to be learning." Teachers interviewed viewed these meetings as a necessary exchange of ideas which strengthened their work and which gave them an opportunity to clarify the goals of their programs.

C. Staff Development

A variety of training programs is available to the staff of the PCDP. Some are inservice training programs specifically geared to a particular component; others are courses available in the community and not necessarily attached to the PCDP.

University of New Mexico Degree Program. Through the All-Indian Pueblo Council, courses are offered twice a week by the University of New Mexico and are held at the new Day School. These courses are credited toward A.A. and/or B.A. degrees. Five PCDP staff members are enrolled.

Courses and Training Provided by PCDP. Two courses are currently being taught by the two part-time consultant-trainers of the PCDP, under the auspices of the University of New Mexico, Department of Elementary Education. The courses have been approved for the CDA program. A petition has been presented to have them recognized for the A.A. degree. One of these courses is "Topics in Child Development" (which includes materials developed by EDC, Exploring Childhood).[1] It is a weekly course jointly training Home Visitors and Head Start staff. (Day Care Center staffs took this course the previous year.) The other course, entitled "Programs for Children," is presented in a weekly class as a mixture of lecture-discussion-workshop. It is for Day Care, Home Visitors and Head Start staffs. Emphasis is on curriculum development.

From discussion with one of the instructors and a review of the course outlines, these appear to be substantive, well-organized courses which give teachers basic concepts in child development and curriculum planning.

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[1] Education Development Center, Newton, Massachusetts.

There are other forms of training specific to some of the PCDP components. There are, first, biweekly training sessions for FDC mothers. Past workshop sessions have covered such topics as First Aid, Mother's Importance in Child Care, Home Safety, What to do when Child is Ill, Dental Hygiene, Language Development, How Children Learn. Future sessions being planned are: Nutrition, Environmental Health, Embroidery, Food Stamps, Holiday Baking, Indian Arts and Crafts, Alcoholism. The goal of many of these workshops is to provide FDC mothers with immediately applicable information on child care and development. (There are a few instances of FDC mothers who do not attend these training sessions, which then makes contact with Home Visitors essential.)

Another type of inservice activity for FDC mothers was a mini-conference held in October 1975, which was well-received by the participants. The attendance of 20 of 35 FDC mothers at the mini-conference indicates considerable interest on the part of these women.

Home Visitors are taking the course "Programs for Children," mentioned above. In addition, they have regularly scheduled Toy Demonstration training sessions with the Outreach Coordinator, and staff meetings.

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We were able to attend some parts of the training program available to staff and to speak with the instructors of courses being given. The training programs are thoughtfully conceived, relevant to the needs of staff, and from the remarks of participating staff, enthusiastically received and found to be useful. It is to be noted that the inservice training does not focus only on practical application, "how-to-do" workshops, but also extends into theoretical considerations and child development understanding. The integration of theory and practice is too frequently absent in inservice programs, but this is not the case in these training programs. That the present quality of staff development will be continued and expanded was evidenced not only by the positive response of the participants but also by the broadening of their interests. There were requests for courses or sessions on Working with People, Learning How to Interview, and How to Go into Someone's House and Work with Them Without Intruding.

VII. Evaluation

The most formal evaluation procedures in PCDP exist in the Home Base-Verbal Interaction Program. As described earlier, every session with a child is taped. These tapes are then evaluated by the Outreach Coordinator, using prescribed forms. The VIP also provides forms for assessing various areas of the child's development, which must be filled out periodically. On the basis of tapes and Home Session records, the Outreach Coordinator determines those areas which need additional work and this is discussed with the Toy Demonstrator. Additional measures used to evaluate the child's development are the Denver Developmental Screening Test, Bayley Scales of Infant Development, and the Peabody Picture Vocabulary Test.

In the Family Day Care component, evaluation at present is informal: Home Visitors confer with FDC mothers and with the Outreach Coordinator who also visits the homes. Within this framework and as work is in progress, suggestions are made and assistance given. At present, the Outreach Coordinator and staff are working on developing guidelines for conferences with Family Day Care mothers--efforts we strongly support. An additional area in which FDC mothers may be informally evaluated is the biweekly training session. The Denver Developmental Screening Test is used to assess the child's development.

In the Day Care Centers, evaluation is integrated into the weekly training sessions held by the consultant-trainers. Performance on the job and training are not conceived as two separate entities of professional life, but as two interrelated situations which enrich each other; material from the classroom, for example, is used and explored in training sessions. An additional situation in which assessment may occur is in the individual conference between teacher and consultant-trainer. In one center a form is being used which tracks language development in the child. In the discussion of this method as a tool for analyzing progress, the teacher's learning and functioning in this area become a natural part of the content. In this way, the connections between adult and child, the interactive nature of learning, also become a part of evaluation which, at its best, is itself a learning situation.

Evaluation of the child's development is carried out on the basis of recorded teacher observations, observations and evaluation of the Health Coordinator, and through the use of the Denver Developmental Screening Test when children enter the centers. They are then tested again one year later.

Parents learn of their children's progress through the monthly Family Night held at each center. At these meetings, parents have an opportunity to learn about curriculum, special activities, and their individual child. Where needed, additional conferences are arranged.

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Evaluation as it occurs in these programs becomes a part of training, and strives to make the teacher a critical self-evaluator. Teachers, Family Day Care mothers, Home Visitors learn the criteria by which to evaluate their own work. Each component is currently working to strengthen and sharpen skills in this area. The means used for evaluation appear to be both appropriate and effective for the goals of the program. We strongly support current efforts to refine these skills and to develop guidelines which will assist their work in practice.

VIII. Coordination with Existing Programs in Education

In the Acoma PCDP there has been consistent effort from the inception of the program to coordinate and utilize available resources in the community. By mid-December 1975, that is, after one-and-one-fourth years of the PCDP's operation, real gains in coordination were evident. In the registration for PCDP and Head Start for the current year, resources were pooled to avoid duplication of effort. From their records, PCDP informed Head Start of eligible children. As Head Start had more applicants than could be accepted, PCDP accepted some of these children who were four years old. The two part-time consultant-trainers who have been working with PCDP staff this year have also been hired as consultants and trainers for the Head Start staff. Joint courses (Programs for Children, Topics in Child Development) are held for Head Start and PCDP staff weekly. At the monthly meeting of FDC parents, the Head Start Health Coordinator is also invited.

Efforts by PCDP staff to coordinate with Head Start are not as well-rooted as they might be since Head Start seems to remain outside the early childhood continuum in spite of efforts to include it. Part of this separation may be due to differences in program requirements and administrative style. Recent efforts initiated by PCDP for joint registration, combined staff training and curriculum courses exemplify the type of cooperation needed. These gains may be seen as the beginning of an alliance which would include PCDP, Head Start, and the Day School.

PCDP is working with the administration of the Bureau Day School to develop a "follow-through" connecting early childhood programs (PCDP → Head Start → Day School), so that the fragmentation which may be caused by three different administrative bodies may be lessened and continuity strengthened. Both from our observation and interviews, it was obvious that there is excellent communication between the administrators of the Day School and the Director of PCDP. There is reciprocal cooperation and support and a clearly voiced intention to make stronger links between the PCDP and kindergarten experiences. However, these goals remain to be implemonted, though a beginning has been made through the activities this year of an Education Specialist from the Southern Pueblo Agency who is working with both the PCDP and the kindergarten teachers. Further coordination may grow out of the work of this liaison person in the future.

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Creating a mechanism for connecting educational programs is better than having none and is an important change. Taking such a step, in fact, may clarify what should be done to make coordination more effective. Having a liaison person to work with both the PCDP staffs and the kindergarten teachers is a first step for beginning communication between programs. It also points to the fact that the connection need not remain on the level of liaison but could move into direct communication between staffs. Coordination cannot be actualized without joint goals and planning, discussions, workshops, and training of the staffs who work directly with the children and administer programs for them.

From our observations of the existing programs for young children--Day Care Centers, Head Start, and kindergarten--it is the curriculum of the Day Care Centers which is most clearly based on an understanding of child development and on the belief that children must actively participate in their learning. The curriculum is relevant to the lives of the children and personalized to meet the developmental needs of each child.

The Head Start curriculum was over-routinized, and we saw very few instances of truly personalized attention. Opportunities to promote independence and mastery were repeatedly overlooked. For example, at the Day Care Centers, two-and-a-half- and three-year-olds were encouraged to serve their food and pour their own milk at mealtimes. In contrast, four-year-olds at Head Start have their food served, milk poured, with teachers supervising mealtime rather than becoming a part of it.

At the Day School kindergarten too much time is devoted to skill-oriented work, seated table work, with the teachers as the primary focus of the classroom. Little time is allotted to activities which are exploratory, active, sensorial, and which promote self-discovery. Free play periods were rich in meaningful, vivid conversations growing out of the children's dramatic play. These opportunities for language development were not attended to, nor extended. The hard-working teachers of the kindergarten groups are burdened by overly large classes (30 five-year-olds in each class). Such group size lends itself to teacher-directed group activities (in which children are passive responders), specified tasks rather than exploration, and minimal individual attention; language is used not as a means to express thought and feelings but to give routinized responses to expected questions.

From these descriptions, it seems obvious that although mechanisms for coordination may be created, they do not necessarily lead to continuity in learning. The Head Start and Day School kindergarten programs are a marked contrast to the PCDP Day Care Center programs. To obtain continuity in the learning experiences of the children, a concerted effort is necessary on the part of all three administrations to begin a very basic process of communication among staffs. The joint training of PCDP and Head Start staffs is one example of meaningful coordination. Staff visits among education sites is to be encouraged and facilitated. If coordination is to have a real impact on educational programs, its aim must be the continuity of learning experiences which are based on common goals and which start with the youngest and extend upwards into the primary grades. It cannot occur primarily through mechanisms, liaison persons, or administrative meetings. It must be grounded in the life of the classrooms.

IX. Recommendations

In the first year of PCDP's operation, parents seemed to adopt a "wait and see" attitude and were slow to bring their children to the center. With time, as parents have been able to evaluate the work of each component, they have increasingly turned to the PCDP for its services and enrollment has gradually increased. In our interviews with members of the community and personnel of various programs, it was apparent that the Acoma Parent Child Development Program is a meaningful part of the community. The feelings which this program has generated go beyond acceptance of and satisfaction in the educational programs and services provided for children. The PCDP has also helped to create a sense of pride in accomplishment, a tangible manifestation visible to the people of what they are able to create and to do for their children. It is our impression that it has been a strengthening and vitalizing force within the community.

Along with the children, the adults have also benefited from the program. Parents are more aware of their role as educators; there is a greater consciousness of and discussion of the child-rearing practices of the Acoma culture. Parents expressed satisfaction and pride in the fact that children were learning their native language, participating in programs which support cultural identity. In addition, jobs in the program, training, workshops, trips have all helped to broaden the horizons of many adults.

The recommendations which follow grow out of the body of this report. Some recommendations are directed to the present situation and the strengthening of existing components; others focus on future growth of the program.

1. Facilities. The size of the PCDP offices as we last saw them in November 1975 were inadequate for the work of the program. We recommend the allocation of additional space for this program's offices which at present house workshops and

training sessions, the administrative staff, the Resource Center, all records, and space for children who are visiting with parents. We suggest the use of pre-fab units such as those used for the primary unit of the Day School before the new building was completed (September 1975).

2. Resource Center. The Resource Center, which is housed in the PCDP office building, requires more space. Increased space would make it possible to use books and materials to fuller advantage and for the material offered to be attractively displayed and more accessible.

We further recommend that books and materials from the Resource Center be taken to Family Day Care homes in a minibus or car on a scheduled basis. Although PCDP staff would like FDC mothers to exercise initiative and go to the Center on their own, transportation and time may make it very difficult for some to do so. Since there are varying needs, we recommend that different approaches be tried.

3. Training. Through interviews, attendance at the mini-conference and meetings, it is our opinion that some FDC mothers need greater clarification as to what they may expect from Home Visitors--frequency of visits, purpose, etc. Some FDC mothers also expressed interest in having more materials and more direction in their work with the children. It is this component which needs strengthening both in the areas of training and evaluation. The training given to FDC mothers offers new knowledge which then may require individualized support in order to translate what is learned to the particular circumstances of the home. We recommend that the training of Home Visitors be reviewed, for it is they who have the most frequent and direct contact with the FDC homes. Their current courses help to create a sound base for their work; additional training is needed to further refine their skills in working directly with FDC mothers.

The work of the two consultant-trainers for PCDP is of a high quality and supports the growth of the present staff. We recommend that their presence in the program be continued. Attention also might be given to training local staff who may eventually serve in their capacity. In saying this, we recognize the desire of tribes to develop people of leadership from within their own communities. We also acknowledge the intention of those non-Native Americans who are working in community programs and who see their function as that of sharing their expertise and knowledge while it is needed and, in so doing, working toward the mastery and autonomy of those in training.

4. Transportation. The PCDP has no means of transportation. If transportation were provided, more children could come to the centers. At present, some staff pick up children who have no other means of transportation. The program's need for transportation cannot be satisfied in this informal way. We recommend that money be allocated for the purchase of a bus for the PCDP program.

5. Home Base - Verbal Interaction Project. If at any time the Verbal Interaction Project is no longer contracted by the PCDP for their Home Base program, we would stress that this not mean a budget cut equal to the amount needed to finance the VIP program. Even without the existence of this formal program, funds would be needed for materials, additional training, curriculum development and possibly for increased staff.

6. Administration. We recommend that the position of Assistant Director of the PCDP be reinstated. In the first year of operation, the PCDP had both a Director and an Assistant Director. When the program moved into its second year of operation, the Assistant Director became Director and continues to serve in that capacity. The line for Assistant Director was eliminated as of June 1975. "Training on the job" and moving people up within the program are sound principles to be supported but we question the removal of the Assistant Director

position. From our interviews and our own observation, the present Director is a competent administrator who has the respect and support of staff and parents. His work would be even further supported and facilitated if he had an assistant to help share some of the administrative functions. This would free some portion of his time which could then be devoted to visiting each educational component so that he could be even more vitally and directly connected with the programs in operation. As PCDP is a contract operation, responsive and responsible to the community, time spent directly in the field is essential. The re-establishment of the position of Assistant Director would help to strengthen the efforts of the Director to maintain direct connection with each program component.

7. Health and Social Service Coordination. Greater cooperation on the part of health service agencies with the PCDP is essential. Organizational rigidity and increasing bureaucracy does not encourage the participation of the people the agencies are there to serve. We recommend that Public Health, Indian Health Service, and other agencies available to assist the PCDP meet with the Health Coordinator and other PCDP administration to outline and put into practice procedures which would expedite and facilitate services for the program. We also recommend that in addition to its referral service, PCDP also have the possibility for the delivery of some services, e.g., speech therapy or other such special needs which could take place within the program rather than necessitating arranging appointments, travel, etc. We recommend that regularly scheduled physical examinations for each child in the program be incorporated within the program, to occur minimally once a year.

8. Expanding Entrance Requirements. At present, the PCDP's population in FDC and the two Day Care Centers is made up of working parents, those going to school, and families who need assistance in the care and education of their children. Obviously, these are instances of priority based on need. Yet, there are

parents who would like to enroll their children in an early childhood program because of the benefits to be derived who do not fall into any of the categories recognized by PCDP's guidelines. We recommend that the PCDP guidelines be reviewed and expanded to include children whose parents would like them to be in an educational program prior to the entrance age for Head Start.

There might be community sentiment which would see such an expanded interpretation of eligibility as lessening the role of the parent in the life of the child. From all we have observed of the respectful and cooperative style of PCDP staff working with parents, and the attention given to community child-rearing practices and culture, it is a joint, cooperative effort of parents and program. Parent involvement is an essential requirement for program success. We must also consider the fact that as parents become more knowledgeable about child development, their parental role as educators, and as people more consciously aware of the child-rearing practices growing out of their culture which they wish to include and extend, they will increasingly turn to programs which support their efforts and increase their knowledge and understanding.

9. Early Childhood Board of Education. Throughout this report and especially in Section VIII we have stressed coordination and continuity among and between the educational programs. We have also made the point that coordination cannot rely primarily on mechanisms to achieve its goals, even though some structure is necessary as a vehicle for cooperation and coordination. We recommend the establishment of an Early Childhood Board of Education which will bring together all three educational programs. An arena would thus be created for discussion and planning concerning the education and welfare of children from birth through eight years of age. We suggest that part of the PCDP Board be used as the nucleus of such a Board, to which would be added representatives from the Tribal Council, the Day School, Head Start-CAP, Indian Health Service, Public Health,

and members of the community.

Such centralization would serve the purpose of bringing together for discussion and planning all those involved in the education and welfare of young children. We are also wary of creating another organization to be added to the endless list of agencies, guidelines, and requirements which characterize life on a reservation. An Early Childhood Board of Education can exempt itself from becoming yet another bureaucracy with which individuals must contend if it sees its primary function as being the means through which goals may be clarified, program work facilitated, opportunities created for face-to-face discussion over differing guidelines/requirements, etc. Centralization formed for the purpose of expediting, clarifying, and facilitating must then yield to the decentralized action occurring in the field work of the programs.

As an example of a situation which could be immediately tackled by such an Early Childhood Board of Education, let us consider a child of working parents who begins in the FDC component at nine months of age. At two-and-one-half the child enters one of the Day Care Centers, at four enters Head Start, and at five is in kindergarten. Within this educational continuum a problem arises for the working parent because of the hours of each of the programs: the PCDP components are open until 5:30, Head Start until 2:00, and the Day School until 2:30. What does the working parent do once the child reaches the age of four? There are many possibilities to be considered: should some programs extend their hours or provide after-school care? is there need for an after-school program? should PCDP accept kindergarten and Head Start children for afternoon programs? It is only when parents and programs get together that such situations may be recognized and solutions for them found.

10. Early Childhood Education Clusters. We would like to recommend for consideration a plan for program expansion which would utilize the existing geograph-

ic structure of smaller communities within the boundaries of the Pueblo of Acoma --Acomita, McCartys, Acoma, and Anzac. We see Acomita and McCartys as the two communities which can become educational clusters of multiple services which would also incorporate the needs of Anzac and Acoma. We recommend the opening of a second Head Start Center near the McCartys Day Care Center. Head Start at present is overenrolled and has waiting lists. With two Head Start centers, more children could be served, and bus trips for children would become shorter. Having the Head Start Center near the Day Care Center would facilitate communication between staffs of both programs. Visits by staff and children to each other's centers for shared activities and trips could be encouraged by proximity. With time, Resource Centers, libraries for adults, facilities for workshops could be incorporated into each of these community educational clusters. Further, at some point, if it seems feasible, such clusters could also begin to accommodate some of the needs of Family Day Care mothers. Such educational clusters could become community centers focused upon the growth and learning of children and their families.

Going beyond educational programs for children but responsive to the content of interviews held with members of the community, we may project that other types of activities could be in close proximity to such clusters, e.g., a laundromat (possibly a Tribal enterprise) near each educational cluster would be of help to many mothers. The possibilities are many.

APPENDIX B

EVALUATION OF THE PARENT CHILD DEVELOPMENT PROGRAM
MISSISSIPPI BAND OF CHOCTAW INDIANS

Evaluation of the Parent-Child Development Program on the Choctaw Reservation

I. Background

The Choctaw Tribe was selected from a number of applicants to be allocated a planning grant for implementation of the BIA/Tribal Parent Child Development Program (PCDP) as a pilot project. This effort was initiated in the fall of 1973. Criteria for eligibility were that a BIA kindergarten be in existence; that approximately 100 children from birth through age four be available for enrollment; and that parents and Community wanted the program and would make use of it. The Choctaw Tribe already had an established full-year Head Start program and there were BIA kindergartens and Follow Through Programs at all schools.

In December 1973 a small staff was hired to begin the process of planning and establishing community goals for the Choctaw PCDP. The Director chosen was the person who had been directing the Research and Development program for Home Base Early Education.

There was a long, slow process to involve all Choctaw program people in the initial planning. There were three or more already established ongoing programs, with staff well into the special guidelines and objectives of each program. There was a period of internal turmoil when program directors and staff wrestled with the concept of working together for the greatest benefit of each young Choctaw child. Instead of each program running independently, all would attempt to share responsibilities and services. Most programs for children on the reservation are mandated to provide services which are based on similar or even identical principles. These programs include education, bilingual education, staff training, parent education and involvement, career and staff development, and health and family social services.

A responsible and sensible approach therefore seemed to be to bring all these components together under a single authority and this is what staff attempted to do. They sought and received assistance from persons outside the programs, such as the Tribal Council Chairman and Councilmen, School Board officials and community members from all the seven communities of the Choctaw Nation of Mississippi. These communities are Pearl River, Red Water, Standing Pine, Tucker, Bogue Chitto, Conehatta, and Bogue Homo.

One of the mandates for the planning year was to do a needs assessment survey of all children from birth through age four. Through the needs assessment it was found that there was duplication of services for young children in some areas and that no services were available for many others, especially for those living in remote areas of the reservation. There was a major need for Day Care services for all ages of children, and a need for local preventive health care and health services. There was a need for parents to have an opportunity to learn more about the development of their children and to have a voice in their children's education and the delivery of health and social services. A further need was expressed that the Mississippi Choctaw language and culture be protected and taught with respect. There also was a great need for early childhood programs which could include children of three to five years who were not eligible under Head Start guidelines for reasons of income. As soon as children's parents are employed and are making an adequate living, the children are no longer eligible for the Head Start programs nor for Social Services Day Care Programs under Title XX. Their needs for pre-kindergarten education remain as critical--a little money does not solve the problems of long years of educational neglect.

The Planning Committee coordinated a large conference to discuss needs. Outstanding people came from all over the United States to discuss with Choctaw people the needs of young children everywhere. Many national leaders in several disciplines attended, lectured and led small discussion groups. There were specialists in the fields of Infant Care, Early Education, Health, Social Services, Employment and related fields.

The planning year was one of trial and error and learning for all concerned. The conference led to better planning and understanding of the comprehensive and coordinated services that were to be offered to the children and parents.

The former Director of the program left at about this time and the Head Start Director became Director of the Early Childhood Programs. This step consolidated the programs completely and plans went ahead for the subsequent operational year. After the conference and through much planning the proposal for infants and toddlers was drafted, accepted and funded for the first year's operation.

There was a long period of preparation which included site selection and preparation, purchasing of equipment and supplies, recruitment and selection of staff, recruitment and selection of children, staff training and training of parents and community. The program staff moved through these phases and became operational.

II. A Summary of Program Components and Site Facilities

The PCDP is a BIA funded operation under contract to the Tribe. The components of the program include children from the age of six weeks through age four.

The program is operated, both in principle and practice, in close cooperation with Head Start under the aegis of the Choctaw Early Education Program. The principle of cooperation between PCDP and Head Start is considered crucial in meeting the needs of Choctaw children to the greatest extent possible. There is, therefore, one Director who is responsible for both programs. With the exception of the Director and some members of staff in the central office, all staff are Indians drawn from the local communities.

The Choctaw PCDP Program provides excellent coordination between Head Start and PCDP programs. Instead of duplicating services, the combined staff of both programs act in a referral and intake capacity by screening, assessing and placing each child in the program that best fits the need of the child and his or her family. In the process, all local services in health and social services, as well as educational resources are coordinated to meet individual needs.

The program components and their distribution across six communities appears in the tabulation below. Brief descriptions of PCDP program facilities follow. Infants to age two may be found in Family Day Care Homes as well as in a center-based group program; for two year old toddlers, there are center-based group care programs; and in addition, there are center-based programs for three and four year olds.

Pearl River. The Pearl River community is the seat of the Choctaw Tribal Government and the largest of the communities. The Central, or Pearl River, area comprises the high school, the largest elementary school on the reservation, as well as the largest PCDP and Head Start program. The area contains all the Tribal offices and Federal Project offices, and the Law and Order Department housed in a new building, a large community swimming pool, a community

PCDP/Head Start Programs

Community	Infants Six Weeks to Age Two	Toddlers Two Year Olds	Three and Four Year Olds		Classroom Staff[1]	
			PCDP	Head Start	PCDP	Head Start
Pearl River	1 Center-based group 5 children 1 Family Day Care Home 3 children	1 Center-based group 12 children	--	3 groups 44 children	1 Teacher-Dir. 2 Teachers 2 Aides	3 Teachers 3 Aides
Bogue Chitto	--	1 Center-based group 11 children	--	2 groups 29 children	1 Teacher-Dir. 1 Teacher 1 Aide	2 Teachers 2 Aides
Tucker	1 Family Day Care Home 4 children	--	1 group 13 children	--	1 Teacher-Dir. 2 Aides	--
Red Water	1 Family Day Care Home 3 children	1 Center-based group 11 children	--	1 group 14 children	1 Teacher-Dir. 1 Teacher 1 Aide	1 Teacher 1 Aide
Standing Pine	--	--	1 group 13 children	--	1 Teacher-Dir. 1 Aide	--
Conehatta	--	1 Center-based group 7 children	--	1 group 13 children	--	1 Teacher 1 Aide

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[1] In addition, centers have a cook and a bus driver/janitor. NYC workers and community volunteers also contribute to the program.

building with a gymnasium and rooms for meetings and craft workers, and the Pearl River Community Building, which is used for Tribal Council public meetings, classes, large meetings, craft shop, the dentist's office, and social events such as pot luck dinners and dances.

A large hospital is being built at Pearl River which will bring increased health services to the reservation. A large and imposing Tribal office building has been completed very recently. There are several family housing units which are fairly new and are of better quality than most Indian housing on other reservations. There are also many average and substandard housing units.

There are two small stores, a small eating place, two or three gasoline stations, and about three churches. All major shopping and eating out of home must be done in Philadelphia, Miss., 12 miles away, or in Carthage, about 20 miles in the opposite direction.

The high school and elementary schools are large buildings with playgrounds and sports areas around them. There are large dormitory areas to house students who choose to live there rather than have long commuting rides, or who find it impossible to continue their schooling and remain in their home communities. Some off-reservation children attending school in Pearl River also live in the dormitories.

The PCDP program at Pearl River is housed in a series of attached classrooms. There are five large rooms plus the kitchen area in this complex. The Head Start and PCDP offices are adjacent to this complex in a mobile trailer type building.

The PCDP consists of a center-based infant group in which children are accepted from age six weeks to age two; and of a program for two year old toddlers. The infant room, which is very large, is half of an even larger space.

Plans for the unused portion of the space are to construct a soundproofed partition and use it for outdoor-type play in inclement weather or to use the space for PCDP offices. The space for the infants contains cribs along the wall, cabinets, couches and rocking chairs, high chairs, sink, and refrigerator. There is a rug in the center.

The toddler rooms have well defined areas for sleeping, eating, and playing. There is a bathroom area with small toilets in each room. The rooms are bright and sunny with attractive juvenile decorations on the walls. A large carpeted area is used for play space for the children. There are three adult rocking chairs in the rooms which are frequently used by staff for holding and rocking the toddlers.

Children eat and play at small tables. There are cribs along the far walls with space for lockers which hold extra clothing. There are Choctaw artifacts in each classroom. There are few large pieces of play equipment in the rooms but they do have a variety of preschool educational toys on the shelves.

The playground for the Early Education unit is adjacent to the Early Education complex.

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The playground is a very attractive, creatively planned play area and the staff and parents have worked diligently to prepare the playground equipment. There has been a constant upgrading in the facilities of this community for the Early Education Division. The classrooms have been enlarged and bathrooms have been installed. The rooms are large and have good window areas for light and sun.

It seems that the kitchen area as well as the food storage area are too small, although the food service staff are managing well.

As the program continues, it is hoped that there will be a better space for both teacher and parent use. It is important that teachers have a rest time away from the children as well as a place where staff have an opportunity to work on classroom preparation.

Because of the distances involved on the reservation, it would greatly enhance the parent program if a parent room were available for small parent meetings, parent-teacher conferences and parent-to-parent conversations. It could also be a social center for parents in the area whose homes are at a distance.

Bogue Chitto is one of the larger communities of the Choctaw reservation. It is north of Philadelphia, Miss. and some 27 miles from the central offices of the Tribe. It is a growing community and has several housing units with more planned for the future.

The center of the community is the school complex and the new Community Center building. The school campus is an old BIA building with several additional classroom structures which were added in later years to the original school. There are a few residences for school personnel on the compound. Most non-Indian staff live in the nearby towns such as Philadelphia. The school's main building is composed of office space and classrooms for upper grades. There are separate buildings in a corridor style arrangement which contain the classrooms for the primary grades as well as a dining room and kitchen facilities. As in most Choctaw BIA schools there are combined classes such as kindergarten and first grade, second and third grades, fourth and fifth grades, or combinations which fit the school population.

The PCDP and Head Start groups are housed in the new community building. There is a large multi-purpose room for meetings and other large-group activities.

There are several smaller rooms which includes a kitchen area for Tribal activities. The PHS clinic is set up daily in the center. Offices for a BIA social worker, an Alcoholism Counselor, food stamp program, Appalachian Regional Council program, Law and Order and Tribal judges are also housed in the building.

The PCDP and Head Start programs cover a large proportion of the area of the Community building. The Teacher Director's office is a large room with two-way observation screens. This is used for parents to observe their children. There are three large, airy rooms for children's activities. Two of the large areas are designed and used for the two Head Start groups. The third large area is for the PCDP toddler group. The kitchen and bathroom areas are situated in the middle of these rooms with direct access to all play areas.

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The large rooms are well arranged, light and airy, with well designed appropriate functional areas. They are well cared for and reflect good housekeeping measures. The toddler group has appropriate equipment for small children such as rugs and soft toys. It would be advisable to have more space for smaller grouping or for special activities which are for the entire group, such as music and dancing, or the extra room could be used for quiet activities, such as reading stories and looking at books.

The outdoor area is another very creative parent, staff, and community endeavor. The structures are interesting and very attractively painted. Interesting use has been made of tires, pipes, wooden beams and other materials.

Tucker is a small community almost on the outskirts of the town of Philadelphia, Mississippi. It is on a good road about six miles from Philadelphia. There is a school complex in a wooded area on a rise off the side of the road. The complex is composed of a parochial school, church and residence, and an old building and two trailers which house the BIA elementary school and the PCDP. There is a definite separation both in fence and appearance between the two facilities.

The BIA School is small and houses the Kindergarten and first grade in one room, and fourth, fifth and sixth grades in other rooms; the second and third grades are housed in one of the two trailers. It contains a large kitchen and dining area as well as office space for the teaching principal. The play area is large and located in a secluded, wooded area. There are pieces of creatively designed play apparatus erected by the parents and communities led by the PCDP parents and staff. The PCDP class is housed in the second trailer with attached kitchen, two bathrooms, and a storage area at one end. There is adequate floor space for the 13 children enrolled in the center. The physical space is appropriate for the needs of the program. The use and upkeep of the space, and the care and storage of materials and equipment could be improved.

Red Water. Red Water is a community very near the town of Carthage. It is like the Tucker community in being near a town, but not a part of that town. The Red Water community is composed of some housing units for Choctaws. The BIA complex consists of a fairly large school building with several additions which were erected as new programs, such as Title I, were instituted. It is a pleasant complex with spacious rooms and a large, grassy play area. At some distance from the school is the building which houses the PCDP toddler group and two Head Start classes.

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The building is too small for the number of children and the number of activities provided. Cooking and serving meals to the Head Start children present problems in logistics because of lack of space. The actual kitchen space and food storage space is inadequate. However, the large room outfitted for the PCDP toddlers is delightful. It is large and attractively painted. The equipment is toddler-sized and well chosen. There is adequate space and storage for this group.

The play area is well developed at Red Water. It consists of a good space and was built in its entirety by the parents, including the playground equipment--slides and swings, etc.

Standing Pine. Standing Pine is a small isolated community in the opposite direction from Red Water. It is also out from the town of Carthage, Mississippi. The BIA school is in a small, old building. The PCDP/Head Start program is located across the yard from the school in a trailer-type building. The classroom is large, has well defined areas, good housekeeping and storage of supplies and equipment.

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The building is well used and has a warm and happy atmosphere. Many areas of learning were in evidence. Both sand and water tables were in use and wheeled toys were being ridden down the cement walkway. The children used all the areas both indoors and outdoors to their fullest potential. The outdoor playground is situated in a lonely wooded area which looks like a park. The equipment is parent designed, creative and attractive.

Conehatta is a community which is located some distance from Pearl River and from Philadelphia, Mississippi. It is south of both these areas, about 20 miles south of Philadelphia.

The area is similar to Bogue Chitto and with the same complex--a school building which is vintage BIA with a few homes for employees of the Bureau in an adjacent area. There are scattered housing units in which the Choctaw people live. The school building houses classes which are combined in direct ratio to the number of children served.

The Conehatta PCDP and Head Start program is located in two large rooms with child-sized bathrooms in each unit. One of the rooms houses the Head Start program for three- and four-year-old children. The other room contains the PCDP toddler group. Both rooms are large with exits at both ends. Meals are served in each room. The food is brought in from the large community kitchen on wheeled carts.

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The toddler room should have more equipment for physical development, for example, a low climber, a small slide, three-wheeled small tricycles, push and pull toys, a rocking boat and wide platform steps. The outdoor yard is spacious, well fenced, and has a playground with equipment, which the parents are hoping to develop further.

Enrollment. Enrollment and ADA figures are presented in the tabulation below. As of December 1975, PCDP had a total of 82 children enrolled. The youngest of these consisted of 10 children in three Family Day Care Homes and five in a center program; the four center-based programs for two-year-olds had a total enrollment of 41 children; and the oldest age level served consisted of 26 three- and four-year-olds in two center-based programs.

III. PCDP Early Childhood Program. The comprehensive Early Education Program on the Mississippi Choctaw Reservation has developed its own educational plan with clear goals and objectives for achieving the educational gains

PCDP
Enrollment and Attendance as of December 1975

Program Component	No. Enrolled	ADA	% of Enrolled Attending	% of Target Population Funded Enrolled	% of Target Population Funded Attending
FDCH					
Pearl River	3	2.7	90	60	54
Red Water	3	3.0	100	60	60
Tucker	4	3.1	78	80	62
Subtotal	10	8.8	89	67	59
Infant Center					
Pearl River	5	4.8	96	100	96
Toddlers					
Pearl River	12	8.5	71	100	71
Bogue Chitto	11	9.9	90	92	83
Red Water	11	8.7	79	92	73
Conehatta	7	6.6	94	58	55
Subtotal	41	33.7	84	86	71
Threes and Fours					
Tucker	13	9.3	72	72	52
Conehatta	13	11.1	85	72	62
Subtotal	26	20.4	79	72	57
Total	82	67.7	86	79	69

necessary for the Choctaw preschool children to succeed in school, and for training parents and staff to help meet these goals at home and in the various programs for these young children.

The plan for the PCDP is to teach primarily in the Choctaw language. Most of the children speak Choctaw at home and it is their first language. English is used as a second language. One of the goals of the program is to have children learn and understand English, and use it correctly.

There is a beginning effort in most classrooms to label articles in Choctaw and English. One teacher has written charts of nursery rhymes in Choctaw and in English with the illustrations showing characters in Choctaw dress.

There are few written stories for use in the classroom. It is assumed that a responsibility of the classroom teacher will be to develop flannel board stories, puppet stories, as well as printed and illustrated books. At the time of this report there is an effort to work this problem out with a group of publishers, to publish a series of books for use in the classrooms as well as in the homes by parents. Stories and songs are translated from English to Choctaw for classroom use.

As presented above, programs for infants are located in Family Day Care Homes (FDCH) and in a center-based program at Pearl River.

Family Day Care Homes. There are three FDC Homes on the Choctaw reservation in Pearl River, Tucker, and Red Water. The FDC Homes may have a maximum of three children including the FDC Mother's own, or when an aide is added, a maximum of five. Infants younger than six weeks are not accepted.

The three FDC Homes were delightful and very satisfactory places for very young children. The infants had a room to themselves for sleeping and dressing.

The family living room was set up as the playroom. The houses were all immaculately clean. The FDC Mothers in all cases were warm, outgoing people who seemed really to enjoy the infants and their own roles.

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The FDC component has not been as successful as anticipated in that the FDC Home concept has not caught on. Since the housing of many Choctaw people is of good quality and suitable for licensing as FDC Homes, more settings are available than are being used.

There has been a strong dichotomy of opinion regarding this form of delivery of Day Care services. The potential "host" family has been reluctant to volunteer its home and services due to local concern about politics and fear of criticism. This seems to refute the natural extended family concept which is prevalent in and natural to all Indian communities.

There is some conflict of opinion about the advantages of this program as against putting very young children in a center. Some of the staff and parents want the infants in the centers rather than in the family homes.

Infant Center. This program was started in the Fall of 1974 and is new to the reservation. Children are enrolled up to age two at which time they transfer to the Toddler program. At the time of the visit four children were present, though five are usually in attendance. The center is open from 7:00 am to 5:00 pm. The adults consisted of the head teacher and an aide. The children played with toys and interacted with each other, though there was little conversation.

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There is a need for more adults to care for these infants. They need to be held and receive more individual and personal attention. Care needs to be taken to protect them physically from accidents and illness. Sanitation and safety are a must in this center. The staff needs to learn more about the type of stimulation infants need in order to develop fully.

In fact, the staff may not be able to do more than meet the physical needs of the babies because the adult/child ratio is too large. There is little time to talk to children or to spend time with them individually. Perhaps this situation has been remedied by addition of staff as recommended previously.

There were not enough materials in the room such as mobiles, busy balls on cribs, or soft toys such as balls to roll. The infants were well cared for although some rules of sanitation were broken during the process. This is a program component that needs a great amount of staff training and Central Staff support.

Toddler Programs. The PCDP Toddler Program is located in four communities--Pearl River, Bogue Chitto, Red Water and Conehatta. The children are two years old. At age three they transfer either to the PCDP groups for three and four year olds or to Head Start. The centers are open from 7:00 am to 5:00 pm and, as in the other components, serve the children breakfast and lunch.

The Toddler programs on the Choctaw reservation are an innovation. There has not been a widespread focus on group care for this age child in the country in general until the past few years. As a result, there has not been as much training for teachers of this age group, nor have many training materials been available.

The curriculum is set but the daily programs for the toddlers vary greatly from classroom to classroom. There does not seem to be any planning in one program although all the teaching toys are available. In another program a variety of appropriate materials and activities are used. In general, the staff show a concerned and gentle manner in handling the children. In one program the head teacher was especially responsive to the children in a spontaneous and individualized way. The children were relaxed, there was an easy back and forth between tnem and the aide commented on their activities, joined in, and laughed with them.

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At Pearl River there is a very attractive room with adequate space for 10-12 children. There is a variety of equipment and teaching materials for the development of very young children. The children are well cared for and appear to receive some teaching in areas of helping them develop physically, socially and emotionally. The children are held, talked to, and rocked. At Bogue Chitto the toddlers are well cared for; the staff is aware of the special needs and the special teaching techniques needed for this group of very young children. The atmosphere is pleasant and relaxed. The children were busily engaged in a variety of interesting activities on the days of visits to this center. The toddlers at the Red Water center are clean, well "put together," shoes tied, faces clean, and look very well cared for. The equipment is well chosen and very appropriate to that age level. All in all, a very good center. At the Conehatta center six children were present at the time of the visit. These toddlers have a very large area with their own bathrooms. The equipment and teaching toys are not as well chosen nor age appropriate at this center. There is good sand and water play but some of the materials are too advanced. The room could use better storage and housekeeping measures. Perhaps there should be more staff available throughout the day in order to better care for the children and the room.

In general, the toddler programs are developing well. Some of these programs need to introduce more verbal interchange. Routine times, such as eating, washing, being changed or dressed offer good opportunities for child learning and language development. There are not enough adults in these classrooms to do more than routine care and attend to children's personal needs. All classrooms and yards should have equipment to encourage the toddler's physical development, including items such as small wagons, caterpillars, crawl throughs, small climbing apparatus and slides, large nesting boxes, rocking boats, steps, large cradles, large cardboard boxes, etc.

The two major curriculum areas which need to be given special attention are developmental skills in general and language development.

Programs for Three- and Four-Year-Olds. There are programs for this age child in Tucker and Standing Pine. The daily program in these groups is fairly well balanced with periods of free choice activities and teacher-directed, planned activities. There is provision for both indoor and outdoor play.

The rooms have well defined areas of interest as well as learning center areas. There is a warm accepting attitude on the part of the staff. The children are busy, relaxed and happy. They are verbal (usually in Choctaw) and are able to interrelate both with other children and adults. Classroom management also does not seem to be a problem. Transition times are relatively smooth and children know the "rules" and what is expected of them.

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The facility at Tucker is for 13 children. It is a typical Choctaw program. It cannot be distinguished from the Head Start programs except that it is a full-day program and the children are three years to four, rather than four to five years of age. The enrollment is small and there has been a change of staff so it has not been evaluated in depth at this time. The Standing Pine program reflects excellent teaching as well as the understanding of children's needs. The program is varied, highly educational, well planned and implemented. The children have an opportunity to have many experiences such as playing with sand and water. The Choctaw language and culture is used extensively in this center.

All the necessary ingredients of a good program are included for the daily planning. However, the execution of the planned program does not always meet the expectations. The entire Choctaw early education programs are still too teacher-structured. The group activities are not child-initiated nor based on the child's interest of the moment. There needs to be more flexibility to change programs as the children explore and discover their world and thereby learn about it. There has been a strong focus on teaching cognitive development. In some cases, this area overshadows all others, with little opportunity for children to learn anything but colors, size, shape and math concepts.

The creativity of children is not enhanced to the fullest. Most art activities are planned and executed according to the teacher's plan. Painting on easels is available to children but clay tables or play dough are not widely used. The area of science and nature study too should be allocated more time and importance.

Reading to children was not often observed except as a large-group, circle time activity. Enough adults should be available for frequent reading to single children or small groups. More attention must be given to the entire area of individualized instruction. Teachers need to understand the child's individual strengths and weaknesses in all areas of learning, not only in intellectual development. Planning could then go forward with the entire staff to meet individual needs.

The storage of toys and equipment is not always in the best interest of good teaching methods. Special tags, books and games are not always put away to be used as teaching tools, they are all left for the children's free choice activity.

In general, there has been a regular steady pattern of growth in teachers and program essentials in the early childhood programs. The next step is to institute better articulation with the BIA schools. It is hoped that when this happens to its fullest potential, the two programs will be as well coordinated as are the PCDP and Head Start programs.

IV. Administration

The program for Early Childhood at Choctaw has been ably administered. It is a complex, multi-funded program with separate sets of guidelines which have to be applied to each project. The Director has done an excellent job of administration. His staff at Central Office has been efficient and well-trained. This program could not have progressed as rapidly and as successfully without this strong leadership. There has also been excellent cooperation and support from very strong Tribal leaders.

The Program Staffs must make themselves available to the mandates -- and to what often appear as the whims -- of the National offices, Regional offices, State offices, and Tribal offices, itself a heavy additional burden. Nevertheless, all reports, records, and financial standards are well organized and on time.

The Director is non-Indian and is held in high esteem by the Choctaw people he serves. He believes fully in Indian self-determination--particularly in Choctaw self-determination. His goal is to train very able Choctaw people to occupy all positions in the total program, especially his own position. These events are proceeding according to plan and the Director will soon have a Choctaw assistant who will be trained to become the Director.

Since the Head Start Program at Choctaw has come under the jurisdiction of the Indian Migrant Program Division, Office of Child Development, there has never been a concern in the fiscal management of the program. The reports, records, and accounts are all in order and on time. The Director of the program and the Accounting Office of the Tribe were cooperative and competent in all fiscal matters.

All BIA records and reports for the PCDP seem to indicate the same. Information concerning health and handicapped programs are covered by extensive annual statistical reports which are mandated by Head Start. PCDP uses the same system for all health forms. The voluminous records needed for health are kept up to date. Social Services, follow-up services and referral systems are in place and records of home visits are kept. Children's records are available and kept up to date. Files on individual children at each center include:

eligibility information
admission information
emergency numbers and names
health information, and
progress records (social services)

Menus are posted daily. Schedules are posted. Lesson plans are available. A fire exit is posted.

V. Recruitment

There seems to be an underenrollment problem in The Early Childhood Education Programs. The population seems to shift from one community to another, following the housing program. When new housing units are constructed, people move to that area. The location of available jobs is another criterion for population shift. Programs are altered and adapted to meet the demand of each new year.

There is some resistance to having very young children in any program. This a matter of family preference and may also stem from a strong cultural factor. It is not traditional for Indian children to be placed in "care" situations other than with their own close relatives. The hope is that the parents who choose to keep their children at home with them will not be made to feel guilty about this choice. Instead, it is hoped that these parents will be encouraged to be a part of the center's parent education program. It is hoped that the children will also be encouraged to visit the centers.

VI. Staff

There has been an in-depth evaluation of both program and staff for this comprehensive program. The Director's ability to coordinate, to follow all guidelines, and to ensure an increase in the capabilities of all staff members has been noted. The office staff operates with efficiency. Program staff are learning and there is much motivation for self-improvement in staff members at all levels.

All staff members are Choctaw except the Director, a few Central Staff Coordinators, and the clerical staff.

There is an effort to train and retrain competent Choctaw staff. Through the career development plan and continuous training, a system for upgrading staff to higher positions within the program has become possible.

VII. Parent Involvement

Because the nature of the PCDP design and the development of the entire program involves the participation of parents, there has been excellent parent interest and support. The Head Start program at Choctaw has had a history of commitment to parent involvement from the beginning. Therefore, the criteria for parent participation in the program have been met above and beyond the guidelines.

The Policy Board of the PCDP makes decisions, approves budget and assists in the hiring of staff. With respect to staff hiring the final decision is up to the Tribal Chairman but the parent group and the local community make the recommendations based on responses to advertised positions and personal interviews with candidates.

Parents are often evident in the classroom as substitute unpaid staff. There are often times when a staff member is out of the classroom for center business, involving trips to Central office, training sessions, staff meetings, and tribal business. Parents are called upon to help on such occasions.

Money-making activities are also popular events for parents in this program. These are not encouraged by the staff but parents enjoy them. One center makes its own produce gardens annually and parents have purchased a freezer and the garden produce is picked, processed and frozen for the children's use. They also buy pigs and feed them to butcher for the children.

In the Day Care Center portion of the program the problems of the non-attendance of working parents are found as they are everywhere.

The splendid cooperation of the parents is evidenced in the labor that went into the playground areas at the centers; they are functional and creative and provide an interesting play area for all the children in the area. Parents have also dressed dolls in Choctaw costumes; they have made Choctaw clothing for exhibit in the classrooms; they have demonstrated the cooking of Choctaw traditional foods. All these activities should be encouraged and expanded.

VIII. Training

Since the inception of the Head Start Program and then the PCDP, staff training has been a priority. There has been training of all staff for all programs over a long period of time with a diversity of training models, each with a different early education philosophy. The home-based component of the PCDP has had training from the University of Florida, Asheville Early Education Center; the ARC program staffs have been trained by and use materials and consultants from DARCEE, Nashville, Tennessee; Follow Through staffs and the Head Start staffs (during its first two years) were trained by consultants and with program materials from the Tucson Early Education model.

For the past two years PCDP and Head Start have had two Educational Coordinators who are Bank Street College graduates and who work as full-time trainers. The Bank Street model has therefore replaced the Tucson Model in both PCDP and Head Start training. The Follow Through program staffs in kindergarten through third grade continue to be trained exclusively in the Tucson Model.

For five years the Office of Child Development, Indian Migrant Program Division, has provided training and technical assistance to the Choctaw program through a grant to Erikson Institute of Chicago. Consultants from the Erikson Institute helped with the evaluation of training, especially with the Child Development Associate Training Program. The OCD Regional Office in Atlanta provides extensive training to the Choctaw staffs both through the Regional Office and the State Training office. There is continuous training for all components throughout the year in which all Choctaw staffs participate. The National Head Start Office provides National Contracts for training in all special areas, such as health, mental health, nutrition, handicapped, child abuse/neglect, and management.

The Southeastern Tribal Association, funded by OEO and now run by the Office of Native American Programs, is a coalition of all the Southeastern Tribes including the Mississippi Choctaw. One of the functions of this group is to provide training and technical assistance. Many training sessions are offered to Choctaw staff in such programs as adult education, alcoholism, teacher training and cultural education.

The Bureau of Indian Affairs also offers training in many areas which are appropriate for the PCDP and the Head Start staffs. In addition, the Choctaw Tribe has provided many educational opportunities for adult education and college courses for training teachers and aides with classes held on the Choctaw Reservation.

The major factor for concern in the entire training plan for Early Education programs on the Choctaw Reservation is that there is too much training activity and too little coordination of all the myriad of training programs. There has been too much demand on staff to become "trained" and there have been too many types of training in too many different educational models. The training opportunities have lacked coherence and continuity.

There has also been a history of staff resistance to being trained. Furthermore, Follow Through has ongoing training in which the Early Childhood program staff do not participate and Head Start and PCDP program staff training does not include the Follow Through staff.

Another result of training is that as Head Start and PCDP staff are trained and become competent, they often take the next step "up" and "out" of the program and accept work in the public or BIA schools, and PCDP and Head Start begin the whole training process all over again with a new untrained person. It takes time for staff to put into practice and everyday usage the principles and theories learned in training. It is most difficult to evaluate how much really is used and understood in the daily teaching in each classroom.

A new bilingual program has been established for the school year 1975-76. In kindergardens this year, and in first, second and third grade in successive years, the basic subjects will be taught entirely in the Choctaw language. This program will take much training of both Early Education and of BIA school staffs. So far, this training has not been adequate and is causing some apprehension in the schools.

Parent education training has been improving and has been in evidence at each visit.

One of the innovations of training and career development programs is the use of the Exploring Childhood curriculum as a training device. This curriculum, with an extensive array of learning packages was developed through the education for parenting programs--a Federally formed pilot program which was used to help high school students learn parenting skills. These materials and curriculum have been successfully used at Choctaw to train staff and aides. A beginning attempt has also been made to teach parenting at Choctaw Central High School. This is to be continued with a coordinated effort between the High School and the Early Education programs at Pearl River.

It is hoped that the Choctaw staff in the Early Education program will develop a total integrated and cohesive Choctaw educational philosophy which will incorporate the best features of all the models, to which they have been exposed. The whole flavor of the Choctaw plan should be strongly interlaced with the unique feature of using Choctaw culture and language as a basis for the curriculum planning. It is hoped that efforts will continue to establish a developmental continuity type of educational plan that will assure an integrated sequential experience for children from the earliest years through the elementary years.

IX. Evaluation

The Choctaw PCDP has had a variety of ongoing evaluations and the program has lived up to its responsibilities as far as the evaluation process is concerned. There is an in-depth annual BIA evaluation. There are several evaluation processes in the Head Start guidelines which take place several times a year. A self-assessment consisting of a long written form is mandated by both Head Start and PCDP. This assessment covers the program as a whole as well as centers individually. The staff are evaluated on an annual basis. The special components of Head Start, such as health and handicapped, observe separate evaluation procedures provided by the Office of Child Development.

Over the past two years, there have been many documents supporting the fact that evaluation has taken place. During a three-month period in 1975 there were five written evaluations of the Choctaw programs. Each of them attested to the fact that the staffs were being trained, facilities were being constantly improved, equipment was appropriate, administration and coordination of services were being worked on diligently to ensure the best use of community resources. The components of the program other than education were being incorporated into other tribal resources. The education component has had the most attention and service. The evaluation process shows that there is staff growth and competence

The children's progress is observed and planning is done on a center level to meet the needs of the children in the classroom.

The monthly newsletters are an additional form of documentation. They are informative and factual and address the progress of each program element on a monthly basis. They are valuable evaluation tools for national offices and funding sources and they provide, in addition, an excellent source of information about the community to the community.

X. Health & Nutrition

The PCDP meets the health requirements of the BIA PCDP Pilot Program. It also meets the National Head Start Performance Standards for Health. The PCDP staff (which is interchangeable with Head Start staff) has worked diligently to bring about the correct compliance with health standards of all the children in the program. This has been a long uphill battle due to all the problems on this reservation in the area of health (though, as a result of the efforts of the Tribal Council and others, a modern new hospital is about to open on the reservation).

The health records containing the health information and statistical data necessary to meet all the health needs of the children are available and up to date. Special training has been offered to all staff on several occasions in the identification of children with special needs in order to learn to work with children with a specific handicapping condition.

Vision screening is also available through local resources and a system is in operation to obtain glasses for children when necessary. Visual aids are also evident in the classrooms to help teach good health habits.

Health education has been a missing element on the reservation as a whole and there has been a long history of health problems on the reservation. The

PCDP staff, Health Advisory Board and others have now taken up this issue and will see that health education has priority in all planning and implementation.

There should be a link between health education and training in Early Childhood programs and the BIA schools so that the results of all the identification of health needs and follow up procedures do not come to a halt when children leave the PCDP/Head Start programs.

The nutrition component is the weakest of all the components in the Early Education Programs. All consultants and previous evaluations are in agreement on this item. The foods that appear on the menus of these programs are strongly influenced by cultural traditions. The Choctaw people eat a combination of traditional Southern foods and traditional Choctaw foods. The problem in this program, as in other Southern programs for young children, is the heavy incidence of carbohydrates and fats. The good hot breads of the South do not provide nutrition --just extra calories and there is an over dependence on pork and pork products. As a result of their dietary practices, there is a general obesity among the Choctaw people. Green vegetables and salads are not customary fare and the taste for them must be cultivated and learned.

Food service for children has been greatly improved in the centers. Children help to prepare the tables before meals, clean up, and help in serving themselves and others. The Central Staff has made many efforts to bring this component up to compliance through a variety of resources. They are to be commended for their efforts.

XI. Social Services and Mental Health Services

The social service component has been one of the last components to become systemized in compliance to criteria.

In the last three to four years social service programs have been more available on the Choctaw Reservation. These include Tribal, PHS, and BIA Social

Services, an alcoholism program, a Youth center, mental health programs, community health representatives, child abuse and neglect services, manpower and employment programs and housing programs.

Before the Tribal programs were instituted, only sparse facilities were available at the small PHS Hospital in Philadelphia, Miss., 15 miles off the reservation. It was difficult or impossible for many people living in remote areas to apply for assistance. There has also been great resistance by many Indians to apply for State or County Social Service Assistance, even if they were eligible. Now that the various programs are operational at the community level, it has become easier to make services available to families.

The Early Education Programs staffs have learned what services are available and can refer parents to them. The PCDP Social Service Coordinator has developed and distributed a Resource Directory for parents and staff. There is a "Clothes Closet" which operates for needy children. Adequate warm clothing and shoes are needed for some families this year in order to send children to school.

Mental Health services have been among the last to be implemented and are difficult to adapt to the Native American. The Choctaw people are isolated and unsophisticated and traditional ways are still in evidence and take precedence over new psychological programs. Mental Health services are thus apt to induce suspicion and hostility among the Choctaws (and other Indians).

The Early Education Program has had the consulting service of an Indian psychologist to work briefly with the staff. There are several programs on the reservation which relate to mental health, for example, the child abuse/neglect, and alcoholism programs. It is hoped that all programs relating to mental health will be coordinated for the good of the children and parents in the Early Education programs.

Classroom teachers who are trained to observe children will be able to spot problems and refer these children to the proper resource.

Overall Recommendation

1. That an Early Education Division of the Board of Education under the Choctaw Tribe be established. This should help to coordinate all programs for children age from birth through age eight with a continuum for education beyond the primary grades.

2. That a coordinated curriculum be explored, with common goals and objectives. The Bilingual and Bicultural aspect of the Choctaw Educational system is an important facet of education at Choctaw. At this time, all early childhood programs use Choctaw as the primary language. The kindergarten through third grade staff and school administrators could learn from this procedure in their adaptation of Choctaw in the classroom.

3. That all training which is available to the teachers of young children should not be limited to the staffs of special projects or individual schools but should be opportunities for joint learning or at least for inviting those who are interested.

4. That teacher visitation should be encouraged from one program to another--BIA schools, Head Start, Follow Through and PCDP.

5. That a unique Choctaw model of educational philosophy be developed which utilizes the successful components of all the various models that program staffs are using or have been trained to use.

Educational Program Recommendations

1. That instruction become more individualized.

2. That a Choctaw culturally-related curriculum be developed by parents, community, and staff.

3. That training in CDA competency areas be audiotaped for future training.

4. That the program continue working on Choctaw booklets and materials in the Choctaw language.

5. That articulation between BIA schools be initiated. A Developmental Continuity type of approach should be instituted. This would mean that the Follow Through and Early Education programs could develop joint goals and objectives. Implementation would include:

   a. Coordination of training
   b. Coordination of the bilingual program at an early age.
   c. Coordination of all supportive services such as health and social services.
   d. Sharing materials, classrooms and resources
   e. Providing parents easier access to BIA schools

6. That the facilities at Pearl River include better space for teachers and parents as suggested (See Section II)

7. That more equipment and material, as discussed, be made available to the toddler groups (see sections II and III) and to the Infant Group at Pearl River (see Section III).

Training Recommendations

In order to develop more active, verbal, flexible and growth promoting relationships among children and staff, the following are recommended:

1. That all staff have an opportunity for early education training and experiences in an off-reservation setting.

It is suggested that scholarships be offered by the Tribe or through the training grant so that key staff members could train on-site in exemplary programs and in colleges which have special classes focusing on the needs of the teachers of Indian children.

2. That the teaching staff begin a Child Development Competency Based Program which includes initial individual assessments of ability, a training plan for each teacher designed to fit his or her needs, a training program that meets competency requirements and delivers college credits to the staff.

3. That a large-scale effort be mounted to retain competent, well-trained staff. Emphasis should be placed on the fact that these positions are very important; they have a status and dignity of the highest value to the Choctaw community.

Recommendations for Parent Education

1. That parent training be offered to all parents in the areas of school management, fiscal and budget control, evaluation procedures for staff and program. Such training should be for the purpose of parents' effectiveness in working on Parent Boards and in learning to function as School Board members.

2. That Choctaw parents take more responsibility in developing a cultural curriculum for their children.

3. That Choctaw parents be encouraged to maintain an interest in participating in their child's education throughout the school years and that they be trained to assume the responsibility of being the advocate for their children's education through the high school years.

Recommendations For Better Coordination in Training

1. That more parents be trained in both early education and in curriculum planning in order for them really to help plan their child's education from a very early age.

2. That there be more articulation with the kindergarten and primary grades, including visits to other classrooms, invitations to the teachers to attend in-service seminars on early childhood goals and philosophies.

3. That an attempt be made to incorporate the experience and training techniques of all other early childhood programs on the reservation. There was evidence of an excellent home-based program, funded by the Appalachian Regional Council, in operation at Choctaw. This program used the Darcee model. Much could be learned from this program to support activity to the Family Day Care Mothers and Head Start Parents' training.

4. There is also a well established research and development program working with young children and parents. This should be part of planning and training for staff.

5. Because of some resistance to training by some staff, it is suggested that on site demonstration teaching and modeling be the focus of training.

6. It is suggested that the CDA assessment and competencies be looked at more realistically as goals for training. All roads lead to competency via training, but there do not seem to be short-range and long-range goals for individualized training for each staff member.

7. More training and more attention needs to be given to individual differences. Children apparently are not often being taught according to special needs. Lesson plans show only major group activities (when lesson plans are available).

8. There has been a strong thrust in training in the Early Education programs to incorporate and implement the Choctaw culture and language. This has been a recent addition to the regular inservice training plan. There needs to be more of this training with dependence on community resources as well as the

development of materials appropriate to this task.

9. That there be a strong emphasis on written, meaningful, observational reports of children by teachers. There must be training for teachers to understand, record, and prescribe curriculum activities for each child on an individual basis.

10. Support staff such as NYC workers, foster grandparents, Tribal workers, senior citizens, and other such paid program people who work in the children's programs must have a training program to assist them to work more efficiently in the educational programs. These people, as well as local volunteers, should be included in all training--it should be a hiring requirement that all such people participate in regular training, inservice training, and special training sessions. These people are an asset to the classroom, but need specialized and regular training in child growth and development and classroom procedures and techniques.

11. Coordination is the main need for training. The CDA assessment of individual staff is needed and then training should be planned on an individualized instructional basis for each staff member.

12. Training should be self-initiated now by some staff members--such as readings, attending professional meetings in the area and other forms of self-instruction.

Recommendations Concerning Evaluation

1. That the program evaluation process be coordinated.

2. That as a first step the self-assessment instrument be completed by all areas, by on-site staff and central office personnel as an in-house responsibility.

3. When the self-assessment is completed, that an outside evaluation team undertake one annual evaluation. This team should be composed of such people as: IMPD representatives, BIA representatives from the National Office, Local BIA office representatives and the Director of the program, the parent chairman,

outside consultants in health and social services, support service representatives, and an outside education consultant.

4. That better evaluation procedures be instituted for evaluating children's performances and progress.

5. That a process be established for evaluating the adults who are part of the programs: volunteers, parents, and paid workers from other sources such as NYC and TWEP. The evaluation would not be in job peformance but in motivation and the opportunity which may have been provided to the quality of life or enhance these people as a result of their participation and contribution to these early childhood programs.

6. That all prior evaluation and research findings be used as a source of program improvement.

Health Recommendations

1. That a system of health education be developed on the reservation that extends from before birth to old age.

2. That all efforts be made to coordinate all health facilities, with emphasis on preventive health care, especially for children before birth through age five.

3. That there be more training and education in the field of infant and toddler care.

4. That there be more training in sanitation and safety, particularly in the infant and toddler centers.

Nutrition Recommendations

1. That as part of parent involvement and nutrition education for children, produce gardens be planted at the centers and parents could participate in freezing and canning.

2. That central purchasing of food be explored to reduce food costs and

develop a more efficient purchasing process.

3. That menus be reviewed by a competent nutritionist, with special attention being given to the particular health problems of the community and the ways in which good eating habits, developed in childhood, may help to offset them.

4. That cooking with children be continued and encouraged, both traditional Choctaw foods and foods which may be unfamiliar.

5. That special training sessions be offered on obesity and its causes, consequences, and prevention.

Social Service Recommendations

1. That all social services available to Choctaw families be coordinated.

2. That attention and resources be applied to the problems of foster care, child neglect and emergency care centers, both short-term and long-term.

Mental Health Recommendations

Existing services are inadequate and should be expanded to include direct services to children and their families.

APPENDIX C

DETAILED COST ESTIMATES

APPENDIX C

DETAILED COST ESTIMATES

In the following pages more detailed information is provided regarding the cost estimates presented in Section X. Costs for each of the program components presented in Section X are elaborated, and a summary is given for the overall costs over a ten-year period of the four program components recommended--The Parent Child Development Program, the Revamping of the Primary Program in Bureau Schools, the Bureau Early Childhood Education Center, and the Regional Training and Resource Facilities.

A. Children from Birth Through Age Four or Five and Their Families The Parent Child Development Program

The figures below are based on a cost estimate of $3,000.00 per child. A breakdown of costs for serving 50 children in a PCDP is presented.

	Annual Rate	Amount
Staff		
Teacher/Director (1)	$12,500	$12,500
Secretary/Clerk (1)	6,500	6,500
Teachers (2)	7,200	14,400
Assistants (2)	6,500	13,000
Family Day Care Mothers (2)	6,500	13,000
Home Visitor (1)	6,500	6,500
Social Service Personnel (1)	7,500	7,500
Health Personnel (1)	7,500	7,500
Cook/Custodian (1)	6,500	6,500
Driver/Custodian (1)	6,500	6,500
		93,900
Staff Benefits (10%)		9,390
Total		$103,290
Consultants (20 days @ $100/day plus travel and per diem)		3,000
Staff Development and Inservice Training		3,000
Curriculum Materials		5,000
Furniture and Equipment		5,000
Office Supplies		1,000

		Amount
Transportation Staff, Parents, Children		$8,800
Food Services		10,000
Building Renovation Costs		3,000
Rent, Utilities, Maintenance		4,000
Bus Maintenance		2,000
Insurance, Audit		1,000
Office Furniture Rental		1,000
	Total	$150,090

B. Children Aged Five Through Eight and Their Families: Revamping the Primary Program

The figures below are based on four classes (kindergarten through third grade) serving an estimated 100 children.

Staff	
In school trainer of existing staff (1)	$16,000
Staff benefits (10%)	1,600
Supplementary stipends for local staff	5,000
	22,600
Travel	
Staff	3,400
Trips for children ($40/child)	4,000
Support Services and Parent Outreach including Social Service, Health, and Educational Specialist personnel costs ($500/child)	50,000
Total	$80,000

C. Bureau of Indian Affairs Early Childhood Education Center

The first year's costs for the BIA Early Childhood Education Center are $573,600. A breakdown of these costs follows:

	Annual Rate	Amount
Staff		
Director (1)	$32,000	$32,000
ECE Planners (2)	27,000	54,000
Monitors (Evaluation and Review) (2)	23,000	46,000
Executive Assistant (1)	27,000	27,000
Secretary/Clerk (1)	10,000	10,000
Secretary/Clerk (2)	8,500	17,000
		186,000
Staff Benefits (10%)		18,600
Staff Travel		30,000
Office Equipment		10,000
Office Supplies		5,000
Rents, Utilities		7,000
Consultants' Fees		25,000
Consultants' Travel and Per Diem		17,000
Annual Review of Programs		200,000
Other Contractual Services		75,000
Total		$573,600

The first year is primarily a planning period. As the program is implemented and expanded in the second and third years, there will be an increase in operating costs, especially for the Annual Review of Programs and Other Contractual Services.

D. Regional Training and Resource Facilities

A breakdown of the estimated costs of operating a single Training and Resource Facility is given below. The costs of succeeding years decline slightly because of the elimination of start-up expenses.

Staff	Annual Rate	Amount
Director (1)	$23,000	$23,000
Administrative Assistant (1)	14,000	14,000
Secretary (2)	8,000	16,000
Clerk (1)	7,000	7,000
Trainer/Planner (2)	20,000	40,000
Director of Outreach Programs (1)	17,000	17,000
Educational Staff[1]		
Infants/toddlers (3)	17,000	51,000
Three- to five-year-olds (3)	17,000	51,000
Five- to eight-year-olds (3)	17,000	51,000
Social Service Specialist (1)	17,000	17,000
Health Specialist (1)	17,000	17,000
Psycho-educational Counselor (1)	17,000	17,000
Psycho-educational Counselor (1)	14,000	14,000
Technical Assistant (1)	14,000	14,000
Resource Center Staff		
Coordinator (1)	17,000	17,000
Media Specialist (1)	14,000	14,000
Assistant (1)	11,000	11,000
Total		391,000
Staff Benefits (10%)		39,100

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[1] These staff members may include persons who are specialists in education of the handicapped, the gifted, and in curriculum areas such as language development and reading, bilingual education, and classroom group processes.

	Amount
Additional Part-time Faculty	50,000
Staff Travel	15,000
Consultation	
Pediatricians, Nutritionists, Special Education, Local Tribal Resource people, Budget Control Specialists	30,000
Consultants' Travel and Per Diem	30,000
Demonstration Early Childhood Center (50 children)	150,000
Demonstration Primary Program	
Additional Staff and Support Services	65,000
Resource Center	
Materials	100,000
Library	200,000
Equipment (Instructional and Office)	95,000
Vehicles	25,000
Food and Lodging Costs during Training	100,000
Lease (through Tribe) of Facilities	200,000
Other Construction and Renovation Costs	100,000
Maintenance	100,000
Total	$1,690,000

APPENDIX D

INTERVIEW GUIDES, AND DATA SHEETS FOR CLASSROOM AND SCHOOL VISITS

INTERVIEW GUIDE FOR TRIBAL OFFICIALS

I. Programs for Young Children

(If there is a program for young children--Day Care, Head Start, etc.)

What are its strengths, weaknesses?

Does it have a program for parents? an advisory group?

Does the community have sufficient voice in program and policy?

Are children doing better in school because of the program?

Is the program serving most of the children whose families wish them to attend?

(If there are NO programs for young children)

Should there be a program for young children in the community?

Are there any practical problems--site, transportation, funding?

Who should have the responsibility for such a program?

Should parents be included?

II. Attitudes and Opinions About School System

What do you think of the school system that the children and young people here go to? (early education, elementary, high school?)

How much of a voice does the community have in the way the schools are run?

How are school board members chosen? What decisions does board make?

Are grade school children getting a good education?

III. Language and Traditions

Do most of the adults in the community speak the Native language? What about the children?

Should the Native language be taught in school?

Should local traditions and history be taught in school?

* * * * * * *

Is there anything that you think it might be especially important for us to know about this community?

INTERVIEW GUIDE FOR PARENTS

I. Household Composition

Number of adults and children.

Who mostly takes care of the children?

If (that person) is away, what happens?

II. Children's Schooling

Where do the children go to school?

What grade(s)?

How long have the children attended this school?

(If child or children at boarding school)

How often does child get home?

How often do you or someone in the family get to visit at school?

III. Parent-School Communication

Are the parents invited to visit the school?

Have you ever been to any of the meetings at school?

Do you belong to the Advisory Board or to any of the school committees?

Does the Advisory Board meet often?

What kinds of things does the Advisory Board do?

What do you think of it?

Does the principal pay attention to the Advisory Board?

What kinds of things does the school ask the parents to do?

IV. Attitudes to Schools

What do you think of the school?

Have you had a chance to see the children's teachers?

Do you feel comfortable with the teacher?

V. Language

What language(s) do you speak at home?

(If Native language dominant in home)

When (child) went to school, how did that work out?

Is the teaching in English? Native language? both?

(If teaching is only in English)

Does the teacher speak the (Native) language? the aide?

What do you think about this?

(If Native language NOT dominant in the home)

Do you think it's important for your children to learn the (Native) language?

Do you think it should be used by the teachers in school?

Would you like to see the children learn more about the (Native) history and culture in school?

VI. Own Education, Aspirations for Child(ren)

Did you grow up and go to school in this community?

Have things (i.e., school) changed much, do you think?

How far do you want your children to go in their education?

VII. Attitudes to Early Childhood Education

(If children in early childhood program)

How do you feel about the program?

Does your child like it?

What is he/she getting out of it?

(If appropriate) Do you think the program helps in school?

(If no child(ren) in early childhood programs)

Have you heard about programs for young children like Head Start?

How do you feel about having very young children (below K) in some kind of educational program?

(If appropriate) Would you want a program like that for your child(ren)?

VIII. Health

Have the children been healthy, in general?

Any special problems?

Where do you go for help when someone is sick? when there's a problem and you don't know what to do?

* * * * * * *

Is there anything you would like to add?

INTERVIEW GUIDE FOR SCHOOL PRINCIPALS AND DIRECTORS OF EARLY CHILDHOOD PROGRAMS

I. Decision-Making

In what ways do you think your school is functioning most effectively? Least effectively?

How is your decision-making affected by other administrative groups? (BIA, School Board, Parent Policy Committee, other)

How are the members of the School Board chosen? (Number of parents on Board?)

What kinds of decisions does the Board make? (Staffing? What aspects of educational policy?)

Are you satisfied with the way the Board functions?

II. Staffing

Where do most of the teachers come from?

How are they recruited?

How are the aides recruited?

III. Staff Development

Do you have regularly scheduled staff meetings? (How often?)

What do those meetings usually cover?

What kinds of inservice training are provided for the staff?

Are there other resources (local colleges, etc.) that you use, for consultation and/or training?

What about other ECE Programs in area--do you tell them or do they tell you about meetings with outside consultants?

If funding were available, what further training would you like to provide for your staff?

Is inservice training and/or career development leading to certification or a degree, provided for the aides?

IV. Programs/Curriculum

Do you feel that this program is meeting the needs of the children and their parents? In what ways?

How do you think the school as a whole is helping the children to develop?

How do you assess children's achievement?

In your opinion, how useful are the measures used?

Are supportive services offered to children and/or families through the school?

Social Services
Health
Dental
Psychological

How does that work?

What special programs do you have?

Bilingual
Special education (handicapped and others)
Others

How well are they functioning? What kinds of problems?

What special monies (Title, JOM) do you have in your school? How are they used in your school?

Who is responsible for writing proposals for these funds?

Who is responsible for administering and accounting for these funds?

Is the school building used as a community resource? (for community activities, adult education classes, etc., during the year or the summer?)

Do you think that the school could be further utilized to serve the needs of the community?

V. Early Childhood Education

In your planning, do you take into account the other early childhood education programs in your community?

Do you think your school should play a role in the education of children under kindergarten age?

How do you feel about the kindergarten program in your school? Do you think it should be extended downward?

V. Early Childhood Education (cont.)

If parents in the community felt that there should be a program for kids under five, would you want that as part of your school?

Would you support efforts by other agencies in the community to set up such programs?

VI. Parent Involvement

How do you inform parents of their children's progress?

How do parents communicate to you what they want for their children?

In your opinion, are the parents well informed about school programs for their children?

In what other ways are parents involved in the life of the school?

Has this changed in recent years?

What would you like to see in the way of parent involvement?

VII. Personal

How long have you been here, in this job? (How did you come to be here? What were you doing before you came?)

Whom do you talk to when you have problems on the job?

Are there any professional organizations to which you belong that have been helpful to you?

What are the greatest satisfactions/dissatisfactions of the job?

* * * * * * *

Is there anything else that you think it important for us to know?

INTERVIEW GUIDE FOR TEACHERS

(Adapt depending on whether or not interview is in conjunction with classroom observation)

I. Background Information

How long have you been teaching? in this school? same age?

How did you come to be teaching in this school?

What kind of training have you had?

II. Expectations and Goals

Tell me about the children in your class... What are they like?

What do you see as the greatest needs of the children?

What do you see as their greatest strengths?

Looking ahead, what do you hope to accomplish with the children in your class this year?

III. Parent Contact

Do you have much contact with the parents?

When do you see them? (informally, planned conferences, class meetings, PTA meetings, Advisory School Board, workshops, community activities)

What have been your most effective contacts with parents?

What are the main problems, if any, as you see them?

IV. Decision-Making and Support

Do you have regularly scheduled staff meetings?

What kinds of things do you usually talk about?

Who is available in the school to help you with special needs? (curriculum areas, special learning problems of individual children, work with parents)

Is there an inservice training program within your school?

If so, who plans this training? Is it helpful?

Do you have any further ideas for things that the school could be doing? (for children, parents, staff, community)

V. Curriculum

What are the things you take into consideration when you plan your curriculum?

Which part of your curriculum is the most important in your view?

Who chooses the materials you are using?

Are you satisfied with them?

If you wanted to change them, how would you go about it?

Do you go on trips with the children? (type, arrangements, transportation)

Do you include Native American culture in your curriculum? Can you give me an example?

VI. Language

What language do most of the children speak?

Do you think there is a need for a bilingual program?

VII. Teacher's Assessment and Evaluation of Children

How do you assess the children's progress and development? (classroom teacher evaluation, children's work, staff meetings, parent conferences, standardized tests, other ways)

What do you find the most useful approach to evaluation?

Do you use standardized tests? (which ones? who selects them? when are they given?)

What do you do with the results?

Do you think they are getting at the children's abilities?

VIII. Children's Health

How would you describe the general state of health of the children in your class?

What kinds of health problems do you see?

If a child has a (hearing) problem, to whom can you turn for help?

Are health resources adequate from your point of view?

IX. Teacher's Satisfactions/Dissatisfactions

What would you say are the greatest satisfactions and dissatisfactions on this job?

INTERVIEW GUIDE FOR EDUCATIONAL AIDES

I. Background Information

How long have you been teaching?

With this same age?

How did you become involved in the school as an aide?

II. Attitude Toward Training

What kind of inservice training is there here? (Who does it? How often? About what? Are you able to go?)

How valuable is it for you?

Do you have any suggestions for the inservice training?

III. Goals and Role

What do you see as your role in the classroom?

How much can you influence the teacher?

What are your contributions to the curriculum? (individual work with children? Native American culture? language?)

Do you want to become a head teacher?

Is there a way to do this?

How do you feel as a parent about what is going on in this classroom?

Is your child(ren) in this school?

As a parent, how do you feel about this school, in general?

* * * * * * *

Is there anything else that you would like to tell me about?

SCHOOL VISIT: DATA SHEET

Area ________________
Reservation ________________
Community ________________
Observer(s) ________________
Date(s) ________________

I. Name of School: ________________________

Type: BIA Day ___ BIA/Contract ___ BIA Boarding ___ Public ___
Head Start ___ DCC ___ PCDP ___ Other ________________

II. Facilities/Buildings: (location in relation to other services and rest of community; number of buildings, type, size; playground area(s); condition and appearance)

____

____

____

III. Area Served: (approximate range of distance/time children must travel)

____

IV. Population: What ages/grades are covered? ________________
# of children in (total) school ___ (Day ___ Boarding ___)
#/% Native American children ________

V. Staff: (if K-12, give only elementary)

Administrative: Name of Principal/Director ________________

Other critical personnel, e.g., Teacher-Supervisor(s) ________________

Other Administrative (titles) ________________

Head Teachers (#) ___ Aides (#) ___

Special Teachers (specify) ________________

____

Supplementary Services, e.g., Special Education (specify) ________________

____

If boarding, dormitory personnel (#, roles, adult:child ratio) ________________

____

Approximate number of Native American Staff (and distribution) ________________

____

Name of School __________
Obs. __________

V. **Staff** (cont.)

What is the turnover rate: __________

VI. **Funding**: Sources and type (Title, JOM, State, etc.) and what they are used for.

VII. **Special focus** of school, if any (e.g., bilingual, bicultural; Follow Through model; etc.)

VIII. **School Board**: (how many? how many parents? how chosen? what do they do?)

Any other advisory committees? __________

IX. **Health Services** provided in school (what, by whom, how often, for what ages?)

X. **Food**: (what meals are served? type of food?) __________

XI. **Length of school day**: Children: from __________ to __________
Teachers: from __________ to __________

Name of School __________
Obs. __________

XII. Any information about achievement testing, policy about repeating grades, number (percent) and age of graduates:

____

____

____

XIII. Any other special facts or comments: ____________________

____

____

____

CLASSROOM OBSERVATION GUIDE

School ____

Name of Teacher ________________ NA __ Other ________ Age or Grade Level ______

# of Children ___ # absent ___ # of Aides ___ NA ___ Other ________________

Boys ___ # repeaters ___

Girls ___ Other Adults ____________________________

Ages __________

Time of Observation: from ________ to ________ Observer ________________

Sketch of Room (approximate arrangement, materials and/or areas, schedule if possible, attach.)

In describing the activities and curriculum observed, be sure to give priority to the following areas:

1. Language Program: What language do most children speak? What language does [illegible] use? Aide? Is there is bilingual program? What is the nature and philosophy of the bilingual program? Are there special materials? Whose? How much initiative may (does) T exercise? Is it a special program separately funded, or part of the regular curriculum? Is it a separate scheduled activity?

   Specify reading series, workbooks, etc., that are used.

2. Relation between school and home: Note the degree of connection between materials and curriculum and the culture of the home and community. To what extent are the local environment and out-of-school experiences brought into the school curriculum?

3. Styles of teaching and learning opportunities: Note the extent of reliance on the spoken and printed word; are concrete materials used? What is the balance of vicarious and direct experience? Balance of individual, group, and small group activities? Degree of teacher direction in, and initiation of, activities? What does aide do? Do T and aide consistently work with separate groups of children? On what basis are they grouped?

4. Scope of the curriculum: What proportion of time is devoted to reading and mathematics activities? What evidence is there of social studies, science, art, manipulative materials, cooking, crafts, etc.?

   Does the teacher seem to perceive learning as occurring primarily during scheduled periods of time, e.g., "language arts period," "math time," etc. How fragmented is the schedule? Does the teacher seem to use/understand the learning opportunities available in materials such as blocks, paints, clay, puzzles, sand and water play, dramatic play?

   What is on the walls--children's work? teacher's? commercial? And what is the content?

5. Management and control: To what extent are classroom activities controlled by the T? Are there a lot of choices children can make, or none? How pervasive are the rules relating to activities, behavior, movement, etc.? Does the T exercise control primarily through the curriculum or primarily through discipline? Does the classroom seem to be very rule-bound? Does she use praise and/or criticism? Constructively?

6. Quality of interpersonal relationships: What is the quality of relationships:
   among adults
   among children
   between adults and children?
   Are they generally positive, negative or neutral? (Warm, pleasant, relaxed; hostile, derogating, tense; cool, businesslike, distant)

7. Are there children with special problems, e.g., hearing, speech, physical handicaps? If so, how does the teacher deal with this?

8. In general, what is the response of the children to what is going on in the classroom? (Are they interested, active, questioning? Do they move about? Relate to and work with each other? Are they quiet, bored, passive? Do they spontaneously talk to each other, the teacher, the aide? What language do they use?)

9. Please note any special circumstances which might have influenced the observation and any other comments.